

Name  
in  
Full

## CERTIFICATE OF DEATH

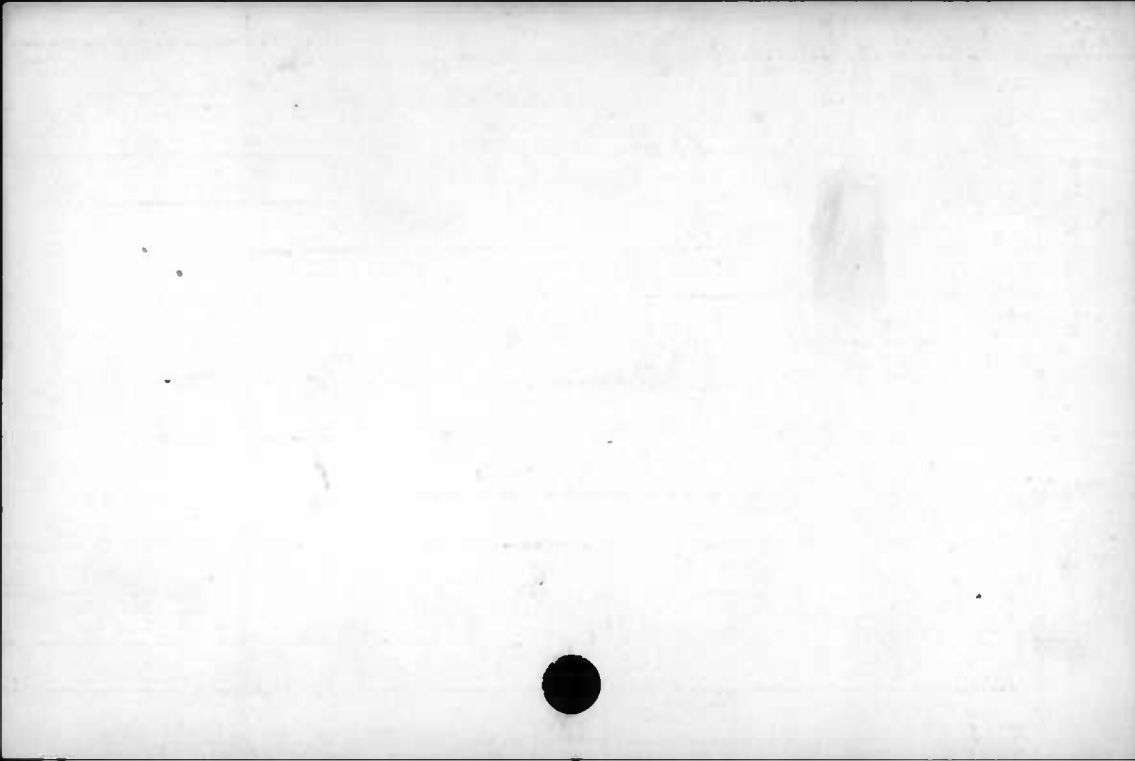
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Church Creek</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND			
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>16</i>	Age <i>75</i>	Years <i>5</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Black		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Alexander Banks</i>					
Father's Name <i>John Cornish</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Martha Banks Cornish</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>George Banks</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enteric Fever</i>	How long <i>Six weeks</i>
Immediate <i>Heart Failure</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor C. Carroll</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide? <i>Q</i>	



Name  
In  
Full

Blanche Bassell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

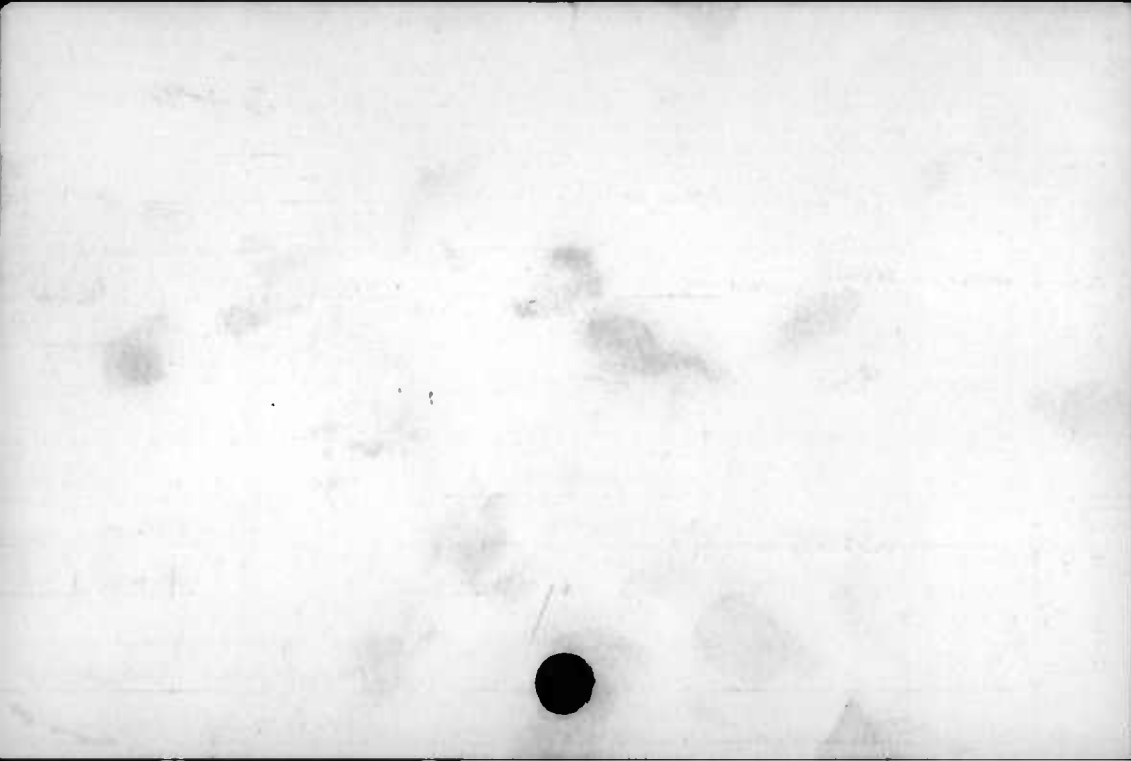
Died at <u>Hurlock</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	<u>July</u> <sup>Month</sup>	<u>5th</u> <sup>Day</sup>	Age <u>—</u> <sup>Years</sup>	<u>70</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Md</u>		
Occupation <u>Infant</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Alex Bassell</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Pda Wabro</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Winfield Cornish</u>			How related to deceased <u>Uncle</u>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Entire Colitis</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. J. Maguire</u>
	Address <u>Hurlock Md</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

George E. Bennett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		<u>md.</u> <sup>MARYLAND</sup>	
Date of death <u>1908</u>	<u>July</u> <sup>Month</sup>	<u>19</u> <sup>Day</sup>	<u>6</u> <sup>Years</sup>	<u>6</u> <sup>Months</sup>	<u>Days</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Cambridge</u>		
Occupation <u>Baby</u>			Where Residing if not at place of death <u>Cambridge</u>		
<del>Married</del> , Single <del>Widowed</del>			Name of Wife or Husband <u>John W. Bennett</u>		
Father's Name <u>John W. Bennett</u>			Father's Birthplace <u>Golden Hill</u>		
Mother's Maiden Name <u>Mary E. Cornish</u>			Mother's Birthplace <u>Golden Hill</u>		
Name of person giving information <u>John W. Bennett</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Summer complaints</u>	How long <u>2 mos.</u>
Immediate <u>Exhaustion</u>	How long <u>1 day</u>

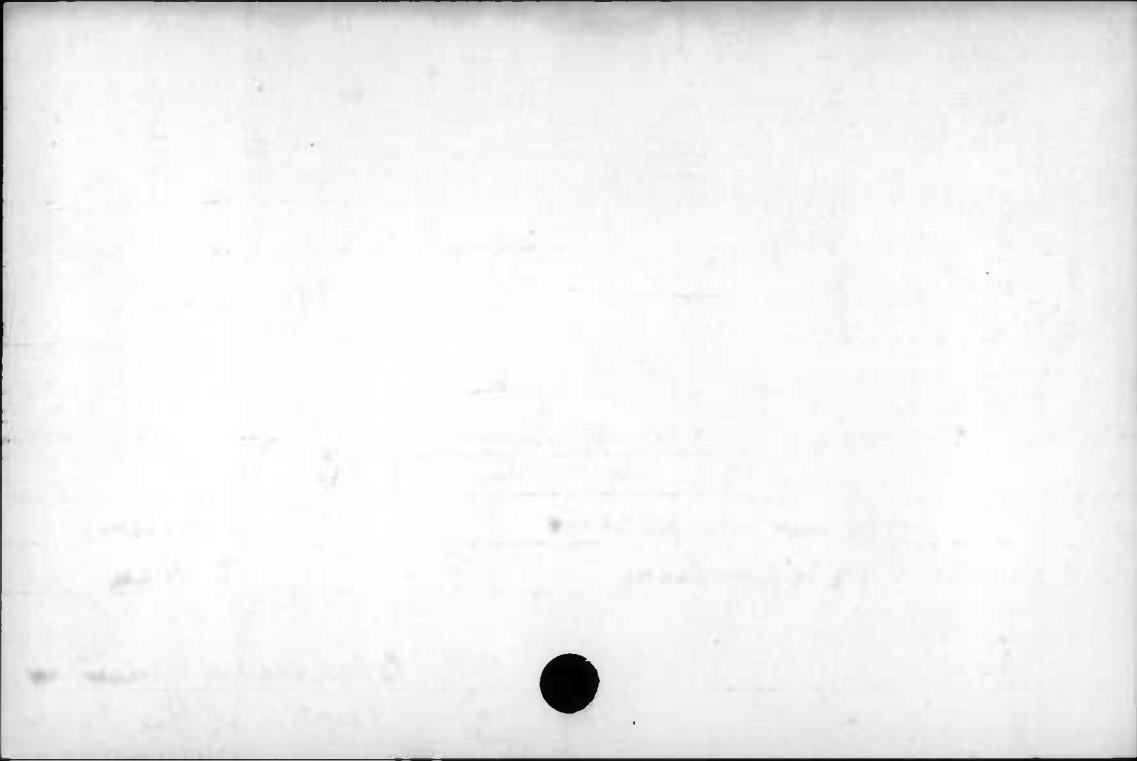
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Clemens Williams  
Justice of the Peace

Accident or Suicide?



Name  
in  
Full

Rachel A. Bowley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Smithville</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>July</i>	Day	<i>8th</i>
		Age	<i>35</i>	Years	
Sex	<i>Female</i>	Color or Race	<i>Col</i>	Birth-place	<i>Dor. Co. Md.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Martin Bowley</i>			
Father's Name	<i>Daniel Keene</i>			Father's Birthplace	<i>Dor. Co. Md.</i>
Mother's Maiden Name	<i>Annela Keene</i>			Mother's Birthplace	<i>Dor. Co. Md.</i>
Name of person giving information	<i>Henry M. Lantier</i>			How related to deceased	<i>none</i>

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	<i>Can't say</i>	How long	<i>Can't say</i>
Immediate	<i>Cancer</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Probably</i>	Signature of Physician	<i>R. L. Lantier</i>
		Address	<i>Church Creek, Md.</i>
Accident or Suicide?			





Name  
in  
Full

Infant

No name Brannock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1908 July Month 24 Day Age still - born Years Months Days

Sex Male Color or Race White Birth-place Maryland

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name

Daniel E. Brannock

Father's Birthplace

Maryland

Mother's Maiden Name

Gertie Prag

Mother's Birthplace

"

Name of person giving information

Dan. E. Brannock

How related to deceased

Father

## CAUSES OF DEATH

(S)PHYSICIAN  
OR CORONER

Primary

Still - born

How long

—

Immediate

—

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. E. Walcott

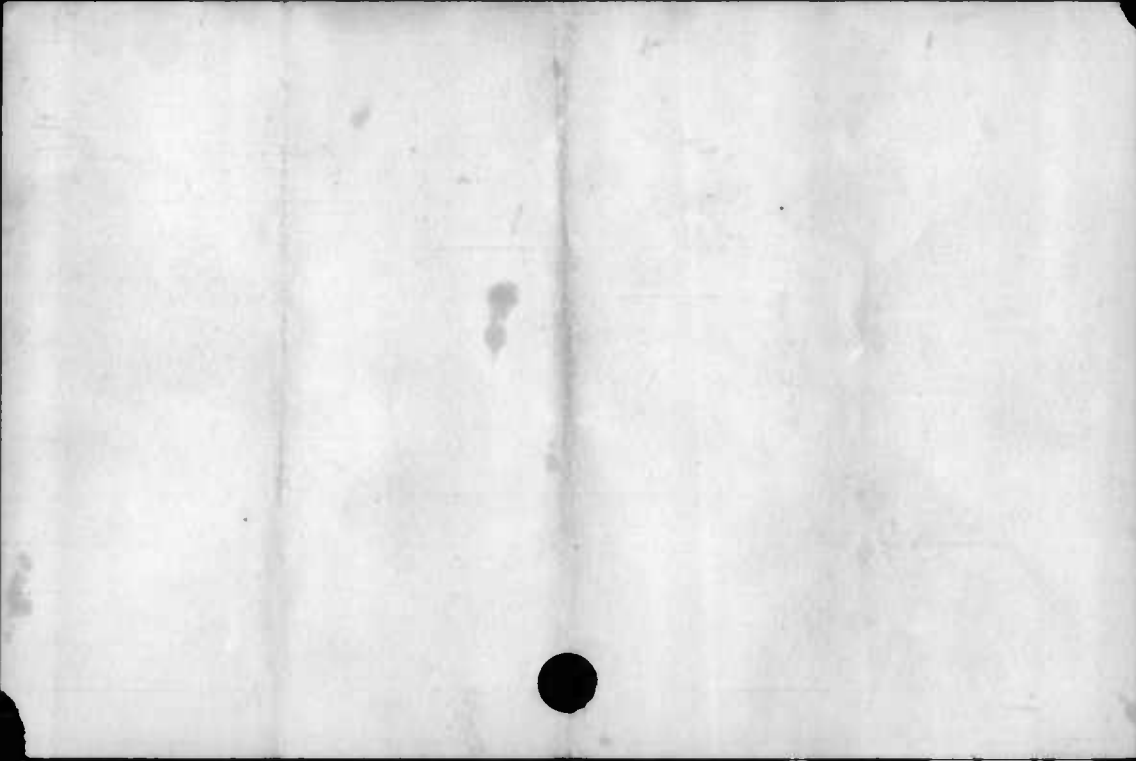
Address

Cambridge, Md

Accident or Suicide?



Name in Full		Elizabeth Brumwell				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND								
		Date of death	1908	Month	July	Day	20	Age	Years	—	Months	6	Days	—
		Sex	Female		Color or Race	Blk		Birth-place	Ind					
		Occupation	Child				Where Residing if not at place of death							
		Married, Single or Widowed	Single		Name of Wife or Husband									
PHYSICIAN OR CORONER		Father's Name				Clifton Johnson		Father's Birthplace		Ind				
		Mother's Maiden Name				Maggie Brumwell		Mother's Birthplace		Ind				
		Name of person giving information				Maggie Brumwell		How related to deceased		Mother				
				CAUSES OF DEATH				(179)						
PHYSICIAN OR CORONER		Primary				Marasmus		How long		Don't know				
		Immediate				Apparently Exhaustion as I never saw child until after death.				How long				
		Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician		E. E. Wolf				
						Address		Cambridge, Ind						
		Accident or Suicide?												



Name  
in  
Full

## CERTIFICATE OF DEATH

Moses Camper

TO BE ANSWERED BY  
NEAREST FRIEND

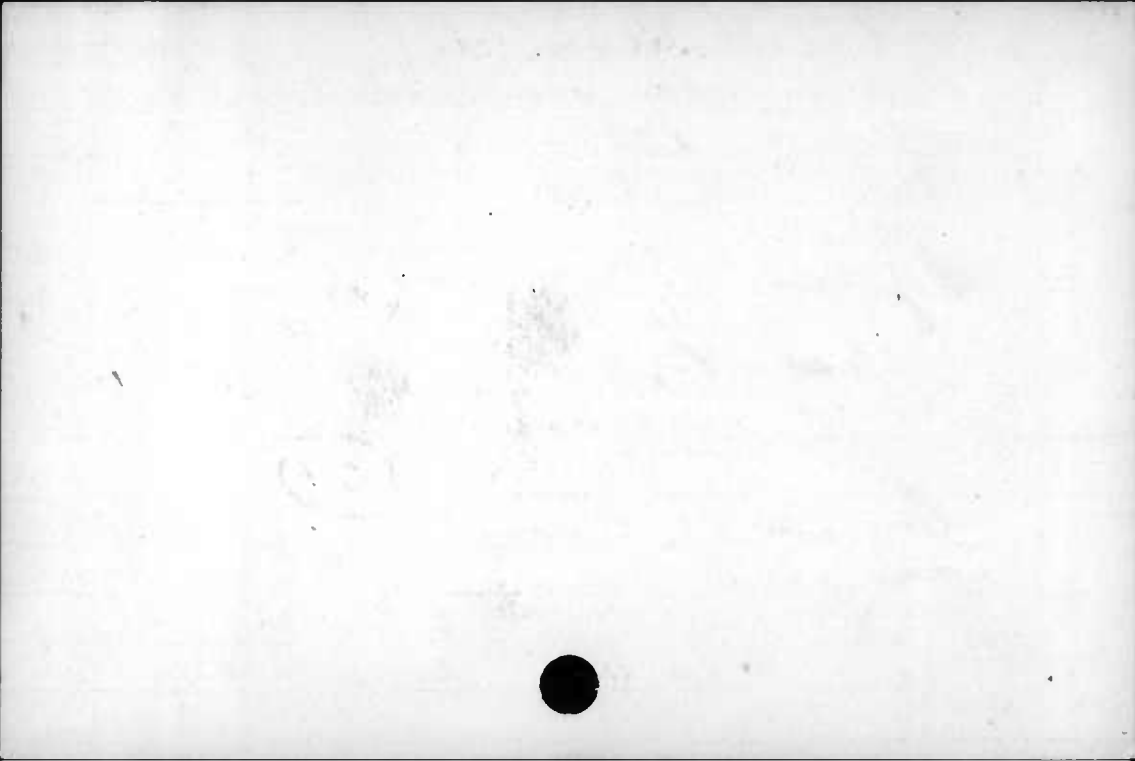
Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1908	Month	July	Day	21	Age	86
Sex	Male		Color or Race	Black		Birth-place	Maryland
Occupation	Retired			Where Residing if not at place of death <i>Cambridge Md</i>			
Married, Single or Widowed	Widower		Name of Wife or Husband	Francis Camper			
Father's Name	— Unknown					Father's Birthplace	Maryland
Mother's Maiden Name	— Unknown					Mother's Birthplace	..
Name of person giving information	<i>Nannie Jackson</i>					How related to deceased	Daughter

## CAUSES OF DEATH

54

PHYSICIAN  
OR CORONER

Primary	<i>General Anemia</i>	How long	<i>one year</i>
Immediate	<i>Heart failure</i>	How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>ye</i>	Signature of Physician	<i>Walter Carroll</i>
		Address	<i>Cambridge Md</i>
Accident or Suicide?			



Name  
in  
Full

Susan Camper

## CERTIFICATE OF DEATH

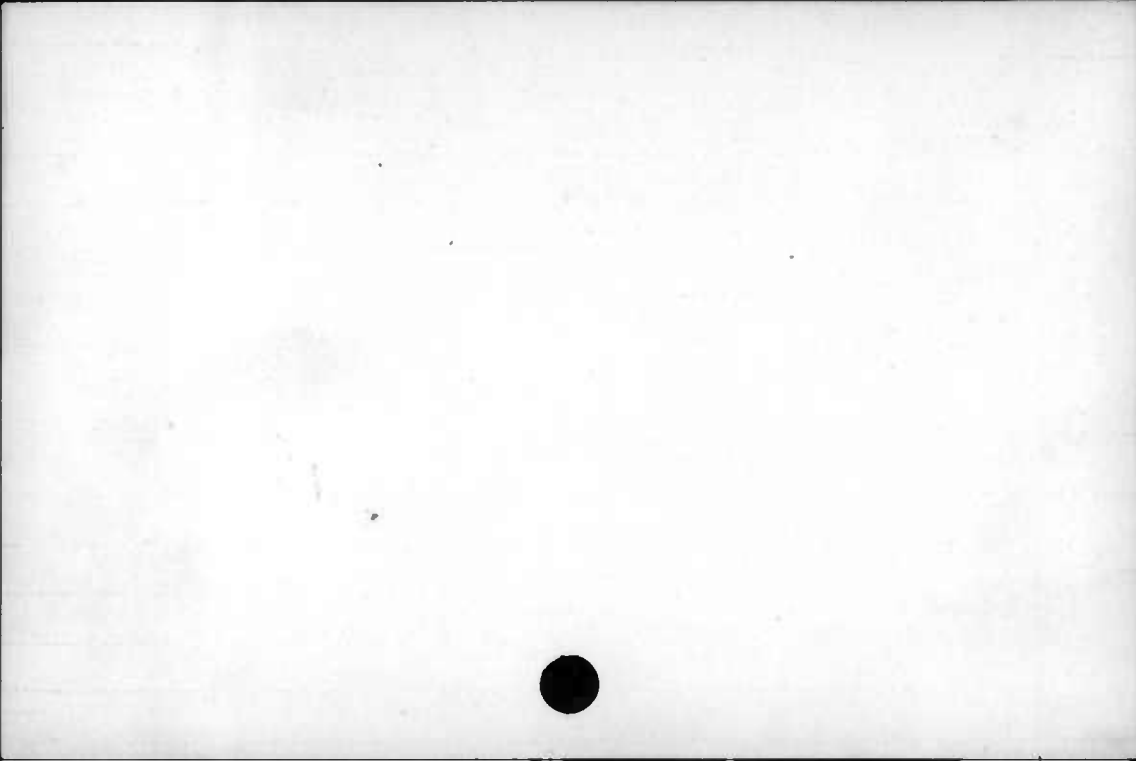
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Church Creek</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>17<sup>th</sup></i>	Age <i>5</i>	Months <i>3</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth-place <i>Dor. Co. Md.</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>Infant</i>				
Father's Name <i>Andrew Camper</i>	Father's Birthplace <i>Dor. Co. Md.</i>				
Mother's Maiden Name <i>Sarah A. Nichols</i>	Mother's Birthplace <i>Dor. Co. Md.</i>				
Name of person giving information <i>Andrew Camper</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Euteric Fever</i>	How long <i>Six weeks</i>
Immediate <i>Cont. Day -</i>	How long <i>Cont. Day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. L. Leitch</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide?	

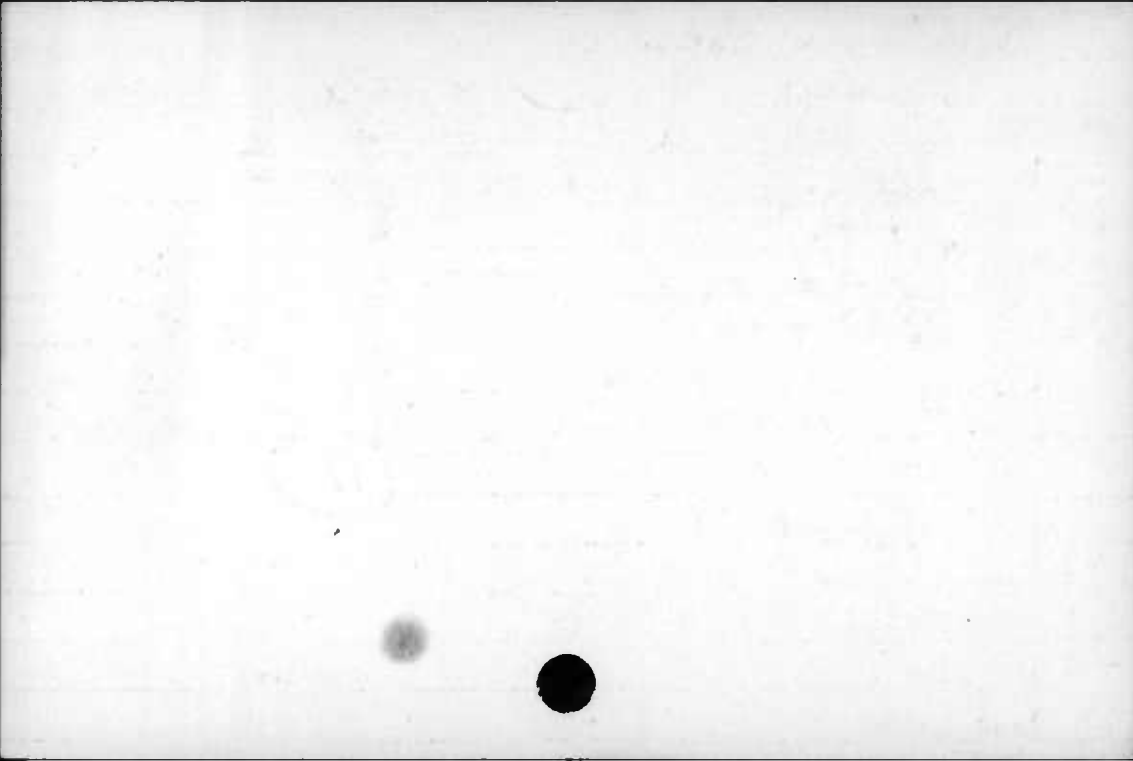




Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Caulnape		Dorchester		MARYLAND					
		Date of death		1908	Month	July	Day	16	Age	56	Months	Days	
		Sex		Male		Color or Race		White		Birth-place		Baltimore	
		Occupation				Sailor		Where Residing If not at place of death				Caulnape Hospital	
		Married, Single or Widowed				Single		Name of Wife or Husband				Jennie Clogg	
		Father's Name				— don't know		Father's Birthplace				don't know	
		Mother's Maiden Name				— don't know		Mother's Birthplace				don't know	
		Name of person giving information				look to your son. Stanger & Butler		How related to deceased					
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary						<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">92</div>					
		Broncho - Pneumonia						How long				3 days	
		Immediate						How long				few hours	
		Are the name, age, sex, color, date and place correctly given above?						Yes				Signature of Physician	Dr. Goldborough
								Address				Caulnape, Md	
		Accident or Suicide?											



Name in Full		Certificate of Death			
Norman Collins		MARYLAND			
Died at Cambridge Town		Baltimore County			
Date of death 1909 July 3		Age 3		Months 4 Days	
Sex male		Color or Race white		Birth-place Dr. C. Md.	
Occupation		Where Residing if not at place of death Knights-Wharf Md.			
Married, Single or Widowed single		Name of Wife or Husband			
Father's Name P. E. Collins		Father's Birthplace Md.			
Mother's Maiden Name not known		Mother's Birthplace not known			
Name of person giving information P. E. Collins		How related to deceased Father			
CAUSES OF DEATH 118					
Primary Appendicitis		How long 7 days.			
Immediate Phantom after operation		How long 15 hours			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. H. Stebbins			
		Address Cambridge Md.			
Accident or Suicide?					



Name in Full <b>Helen Cornish</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Pucktown</b>	County <b>Dorchester</b>	STATE <b>MARYLAND</b>
	Date of death <b>1907</b>	Month <b>July</b>	Day <b>31</b>
	Age <b>13</b>		Months —
	Sex <b>Female</b>	Color or Race <b>Colored</b>	Birth-place —
	Occupation —	Where Residing if not at place of death —	
	Married, Single or Widowed <b>Single</b>	Name of Wife or Husband —	
FATHER'S NAME <b>Charles Cornish</b>	FATHER'S BIRTHPLACE <b>Dorchester</b>		
	MOTHER'S MAIDEN NAME <b>Mary E. Dockins</b>	MOTHER'S BIRTHPLACE <b>Dorchester</b>	
	NAME OF PERSON GIVING INFORMATION <b>James M. Jackson</b>		
	HOW RELATED TO DECEASED <b>Not at all</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Typhoid Fever</b>	How long <b>2 weeks</b>	
	Immediate —	How long —	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician —	
	Accident or Suicide?	Address <b>Cement Bureau</b> <b>Justice of the Peace</b>	



Name  
in  
Full

William Cornish

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

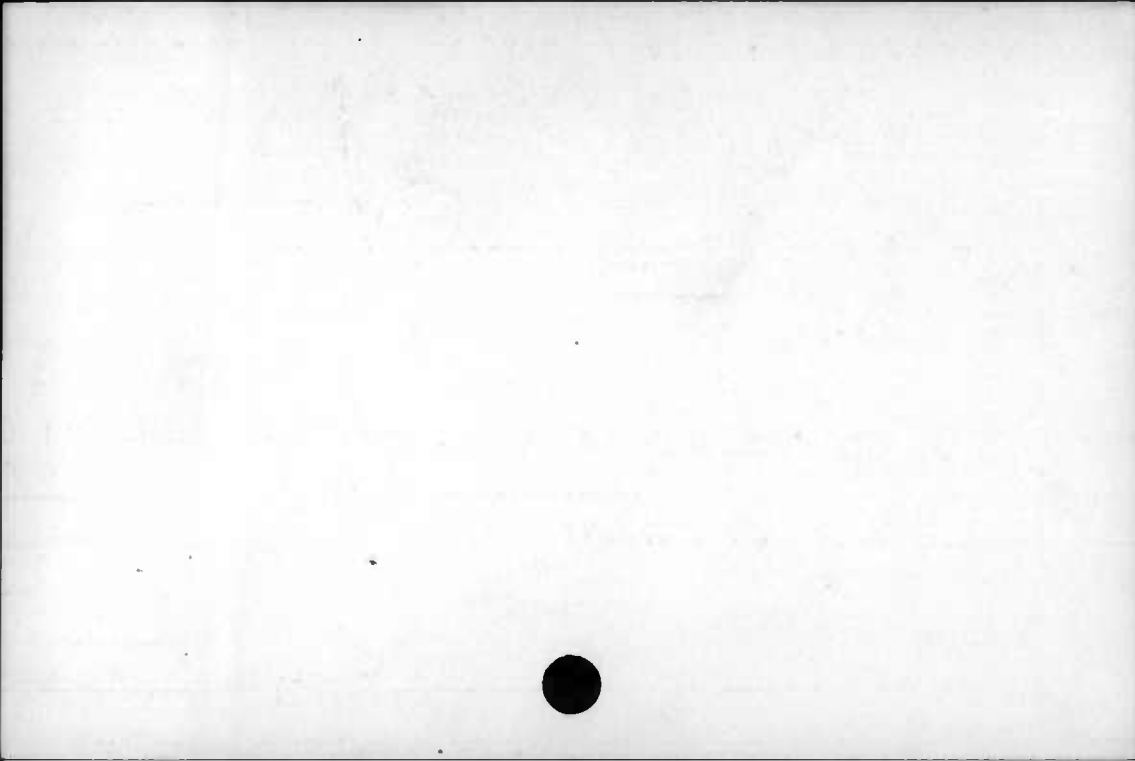
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		Month July	Day 20	Years 13	Months 6	Days —	
Sex Male		Color or Race Colored		Birth-place Cambridge			
Occupation School boy				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name William Cornish				Father's Birthplace Church Creek			
Mother's Maiden Name Sarah P. Harris				Mother's Birthplace Church Creek, Cambridge			
Name of person giving information Gabriel J. High				How related to deceased Step Father			

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary	Appended by Doctor	How long	thus works
Immediate	Asphyxiation	How long	four days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Victor L. Carroll	
		Address Cambridge, Md.	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <u>Madeline Craighton</u>		Town <u>Fishing Creek</u>		County <u>Dorchester</u>		MARYLAND	
Died at <u>Fishing Creek</u>		Date of death <u>1908</u> <u>July</u> <u>19th</u>		Age <u>10</u> <u>mos.</u>		Months <u>12</u> Days <u>12</u>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Dorchester</u>			
Occupation <u>Infant</u>		Where Residing if not at place of death <u>_____</u>					
Married, Single or Widowed <u>_____</u>		Name of Wife or Husband <u>_____</u>					
Father's Name <u>Harvey Craighton</u>		Father's Birthplace <u>Dorchester Md.</u>					
Mother's Maiden Name <u>Lillian Higgins</u>		Mother's Birthplace <u>Dorchester Md.</u>					
Name of person giving information <u>Harvey Craighton</u>		How related to deceased <u>Father</u>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<u>acute Gastric Enteritis</u>	How long	<u>2 days</u>
Immediate	<u>Do not know</u>	How long	<u>_____</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. H. Brown</u> <u>Md.</u>	
		Address <u>Fishing Creek</u> <u>Md.</u>	
Accident or Suicide? <u>_____</u>			



Name  
in  
Full

Sallie Ann Cye

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Reids <sup>Town</sup> Grove <sup>County</sup> Sorchester **MARYLAND**

Date of death 1908 <sup>Month</sup> July <sup>Day</sup> 3rd <sup>Years</sup> 67 <sup>Months</sup> - <sup>Days</sup> -

Sex Female Color or Race Colored Birth-place Maryland.

Occupation Housewife Where Residing if not at place of death -

Married, Single or Widowed Married Name of ~~Wife~~ <sup>Husband</sup> Thomas Cye

Father's Name Edigah Pinder Father's Birthplace Maryland

Mother's Maiden Name Rachel Wood Mother's Birthplace Maryland.

Name of person giving information James Jones How related to deceased Son.

## CAUSES OF DEATH

Primary

Mitral Regurgitation

How long

Immediate

Heart failure

How long

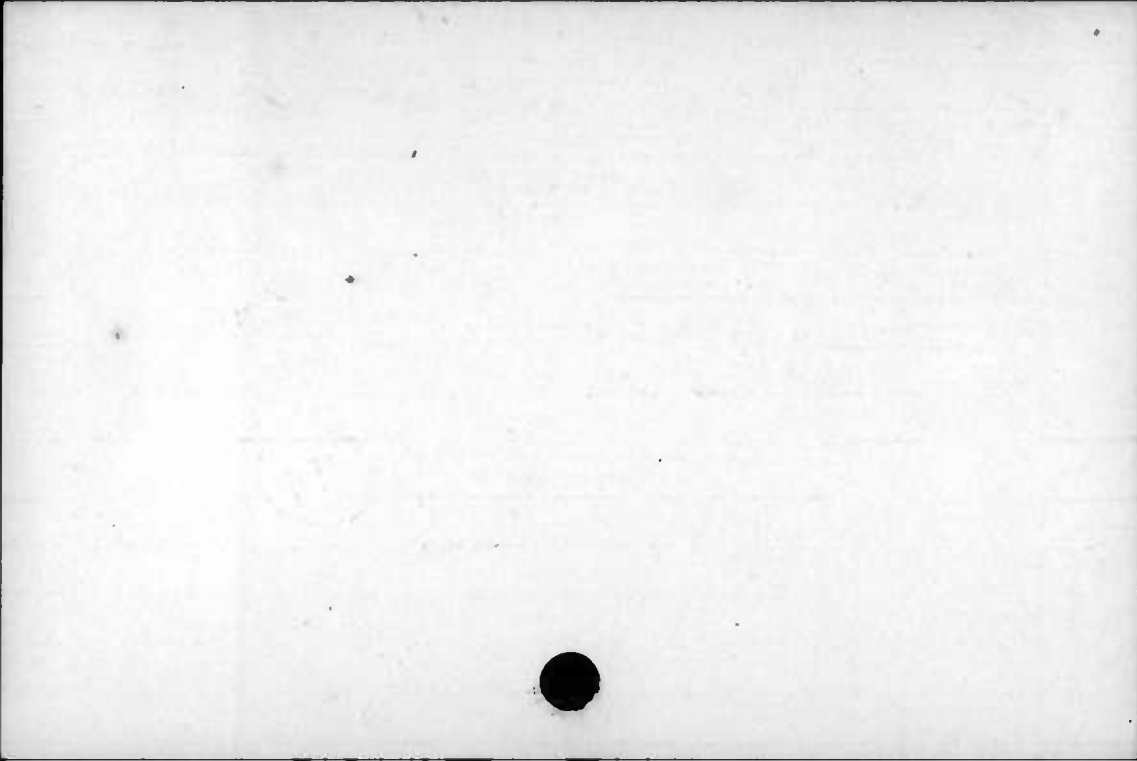
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. H. BlauTrinina Md.

Accident or Suicide?



Name  
in  
Full

Julian Davenport.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

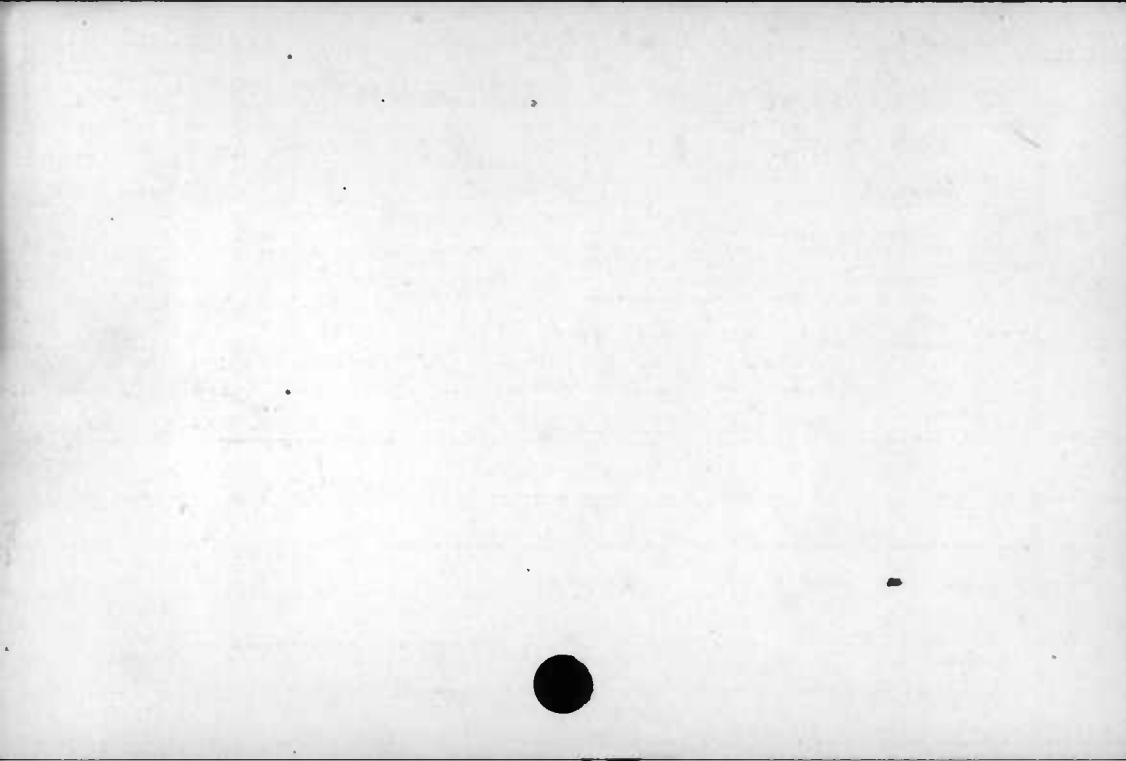
Died at <u>Colebrook</u> <small>Town</small>		<u>Sorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>July</u> <small>Day</small> <u>31</u> <small>Years</small> <u>-</u> <small>Months</small> <u>6</u> <small>Days</small> <u>-</u>		Sex <u>male</u> <small>Color or Race</small> <u>white</u>		<small>Birth-place</small> <u>Ind</u>	
Occupation <u>Engineer</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>-</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Joseph Davenport</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Mattie Willey</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Charlie Willey</u>		How related to deceased <u>Nephew</u>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Gastro Enteritis</u>	How long <u>month.</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr H. Blau</u>
<u>J</u>	Address <u>Vienna Ind.</u>
Accident or Suicide?	



Name  
In  
Full~~Chas~~ Henry Preston Dean

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Reids Grove</u> <sup>Town</sup>		<u>Onekater</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>11</u>	Age	Months <u>4</u>	Days <u>8</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Reids Grove Md.</u>		
Occupation <u>Superior</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>William Dean</u>				
Father's Name <u>William Dean</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Mary Marine</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Mary Dean</u>	How related to deceased <u>mother</u>				

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary <u>Cerebro Spinal Meningitis</u>	How long <u>1 week</u>
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>D. H. Blauel</u>
	Address <u>Vicenna Md.</u>
Accident or Suicide?	

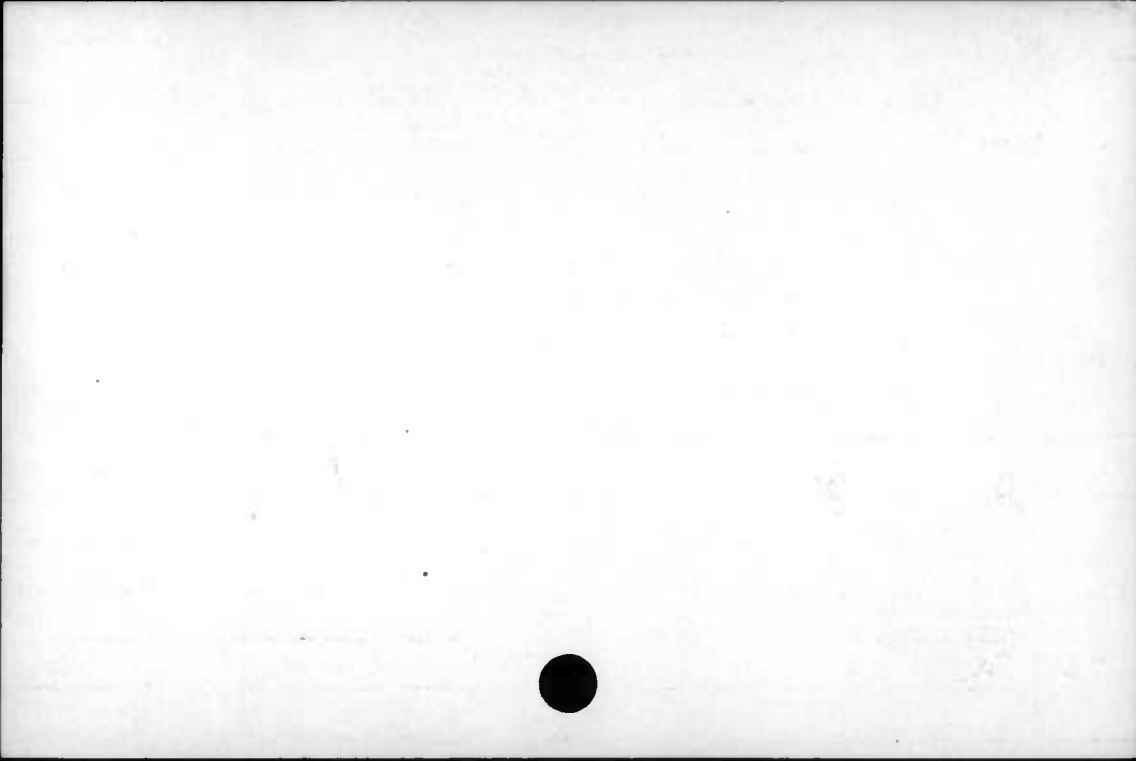




Name in Full <b>Lester Dolby</b>		CERTIFICATE OF DEATH	
Died at <b>in Harlowe</b> Town		<b>Dor</b> County	
Date of death 190 <b>8</b> Month <b>7</b> Day <b>15</b>		Age <b>2</b> Years <b>5</b> Months <b>13</b> Days	
Sex <b>male</b>		Color or Race <b>white</b>	
Married, Single or Widowed <b>single</b>		Occupation <b>none</b>	
Name of Wife or Husband <b>none</b>		Birth-place <b>Dor Co</b>	
Father's Name <b>Beard Dolby</b>		Father's Birthplace <b>Dor Co</b>	
Mother's Maiden Name <b>Gestruke Sulmon</b>		Mother's Birthplace <b>Dor Co</b>	
Name of person giving information <b>Beard Dolby</b>		How related to deceased <b>father</b>	
CAUSES OF DEATH			
Primary <b>Acute Cholecitis</b>		How long <b>105</b>	
Immediate <b>the same</b>		How long	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>E. Roger Myers</b>	
		Address <b>Harlowe Md</b>	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

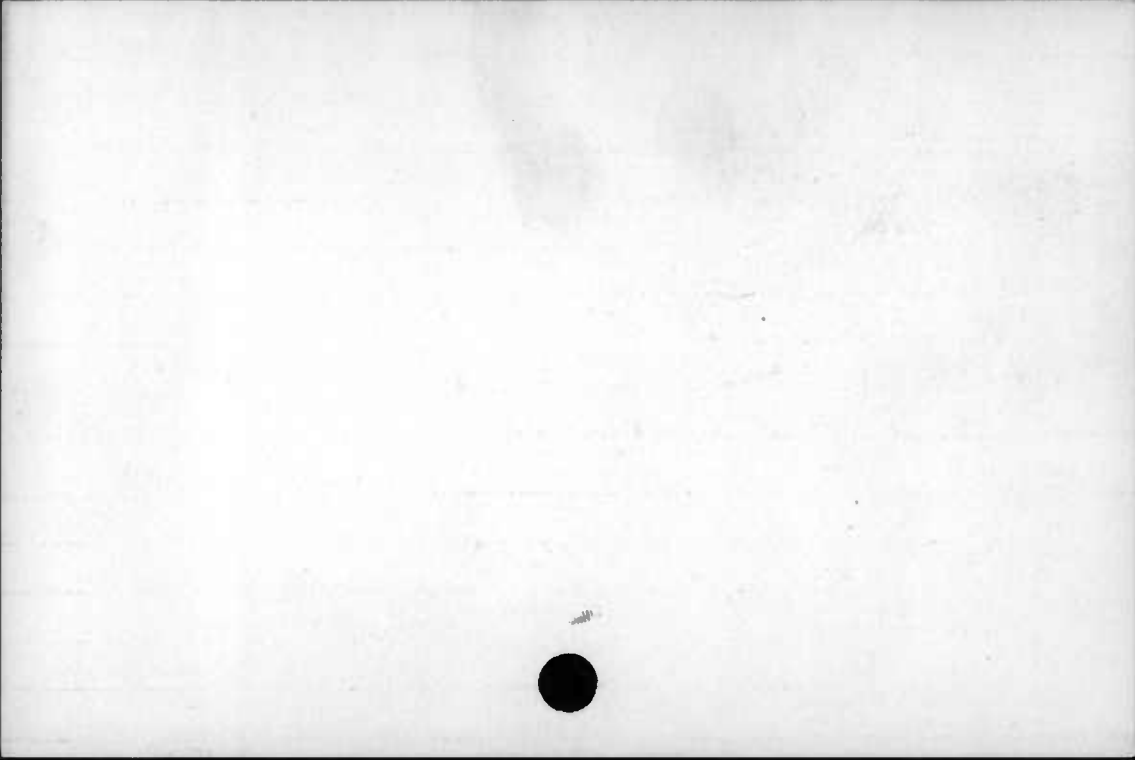
Name in Full <i>Mildred Lee Dotter</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Cambridge</i>		Date of death <i>1906</i>		Month <i>July</i>		Day <i>10</i>	
Age <i>5</i>		Years <i>12</i>		Months <i>5</i>		Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Balto - Md</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Harold Dotter</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Bessie Marshall</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Bessie Dotter</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Enter - Colitis</i>		How long <i>10 days</i>	
Immediate <i>Meningitis with convulsions</i>		How long <i>several days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. M. G. L. L. L.</i>	
Address <i>Cambridge, Md</i>		Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

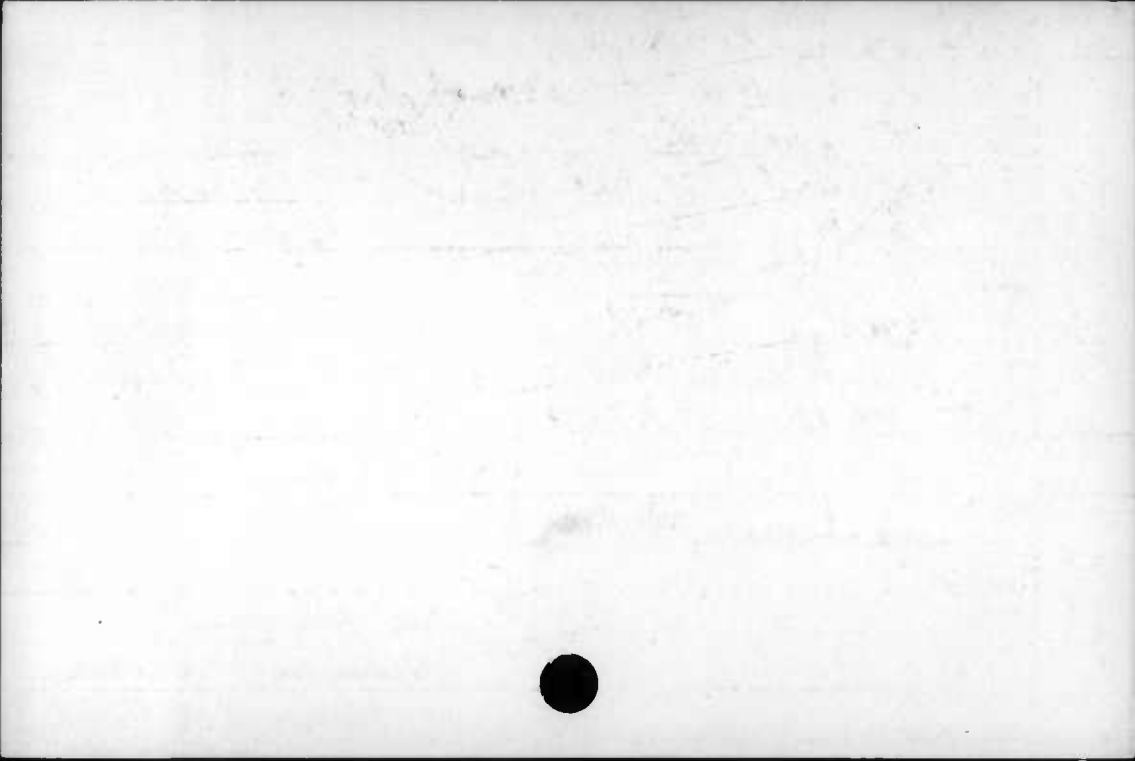
Died at		Town		County		State	
Cambridge		Dorchester		Massachusetts		MA	
Date of death		Year	Month	Day	Age	Months	Days
1908		July	21		6	15	
Sex	Male			Color or Race	Black		
Birthplace	Cambridge			Occupation	Baby		
Where Residing if not at place of death				Cambridge			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Walter Elliott			
Mother's Maiden Name				Mattie Hanson			
Name of person giving information				Walter Elliott			
Father's Birthplace				Baltimore			
Mother's Birthplace				Cambridge			
How related to deceased				Father			


## CAUSES OF DEATH

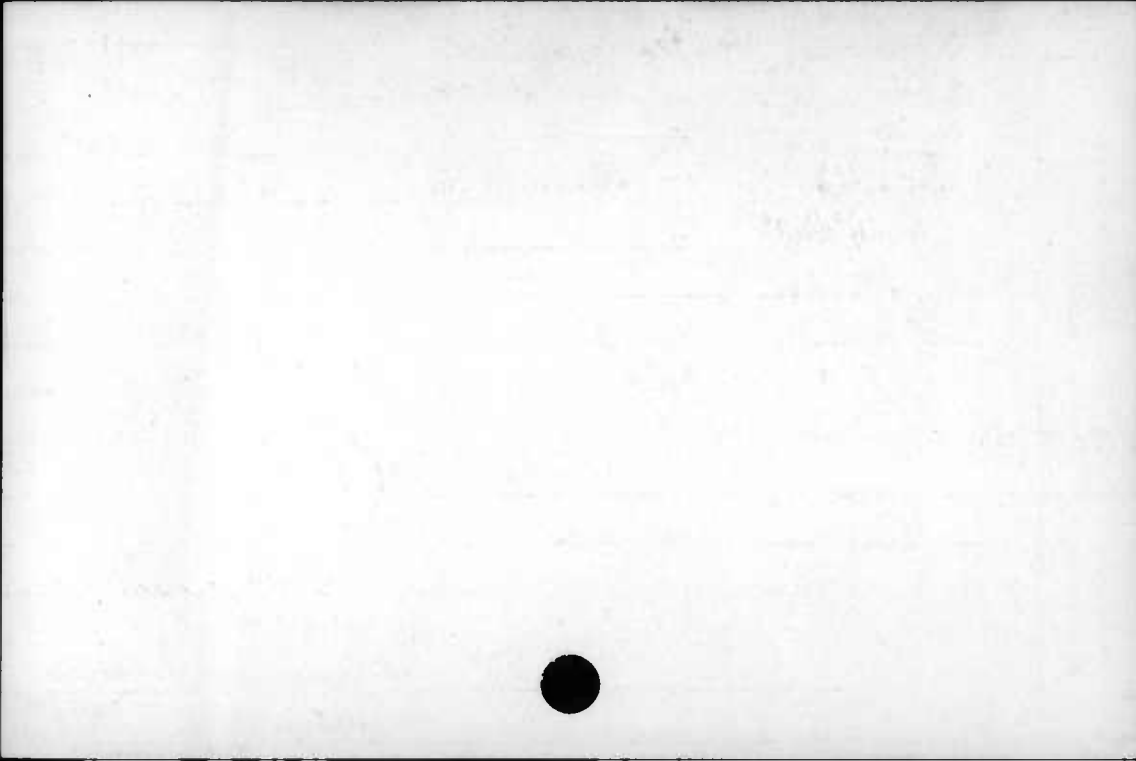
105

PHYSICIAN  
OR CORONER

Primary	Summer Complaint -	How long
Immediate	No doctor	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		No physician
		Address
		Green Street & Union Ave
		Justice of the Peace
Accident or Suicide?		

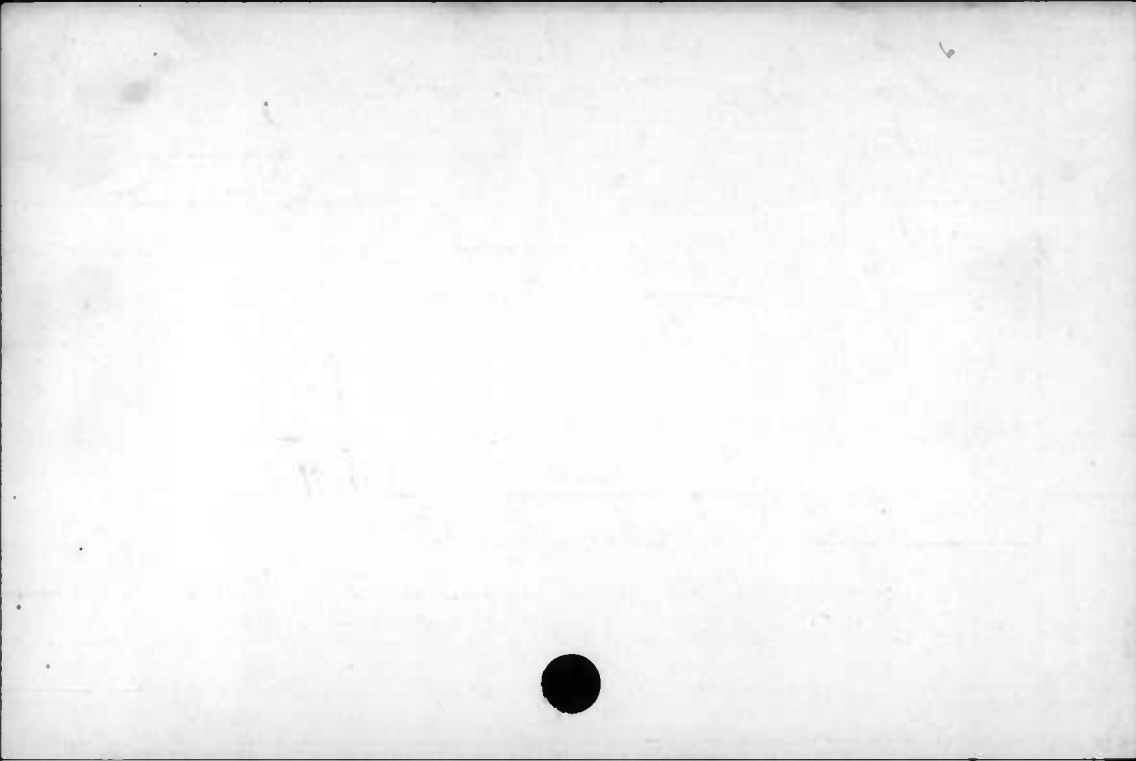


Name in Full		Hellen Elzy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bucktown		Dorchester Co		Md MARYLAND	
	Date of death	1908	July	20	Age	2	Months Days
	Sex	female		Color or Race	White		Birthplace
	Occupation	Baby		Where Residing if not at place of death		Bucktown	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Crackit- Elzy				Father's Birthplace	Bucktown
	Mother's Maiden Name	Ida Abel-				Mother's Birthplace	Lakes
Name of person giving information	Crackit- Elzy				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Summer Complaint				How long	105
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?				No physician Edmund Sullivan Justice of the Peace		





Name in Full		Leviey Ann MacKeth				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
	Date of death	1908	Month <i>July</i>	Day <i>21</i>	Age	Years	Months <i>17</i> Days <i>24</i>
	Sex	<i>Female</i>		Color or Race	<i>white</i>		
	Occupation	<i>Infant</i>		Where Residing if not at place of death		<i>Cambridge</i>	
	Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband			
	Father's Name	<i>Wm Walter MacKeth</i>		Father's Birthplace		<i>Dorchester</i>	
	Mother's Maiden Name	<i>Mary E. Calloway</i>		Mother's Birthplace		<i>Talbot Co.</i>	
Name of person giving information	<i>Wm W. MacKeth</i>		How related to deceased		<i>Sister</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Cholera Infantum</i>				How long	<i>Several weeks</i>
	Immediate	<i>Exhaustion</i>				How long	<i>Several days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>				Signature of Physician <i>E. E. Wolff</i>		
					Address <i>Cambridge, Md.</i>		
Accident or Suicide?							



Name  
in  
Full

Rowin Lee Hargis

## CERTIFICATE OF DEATH

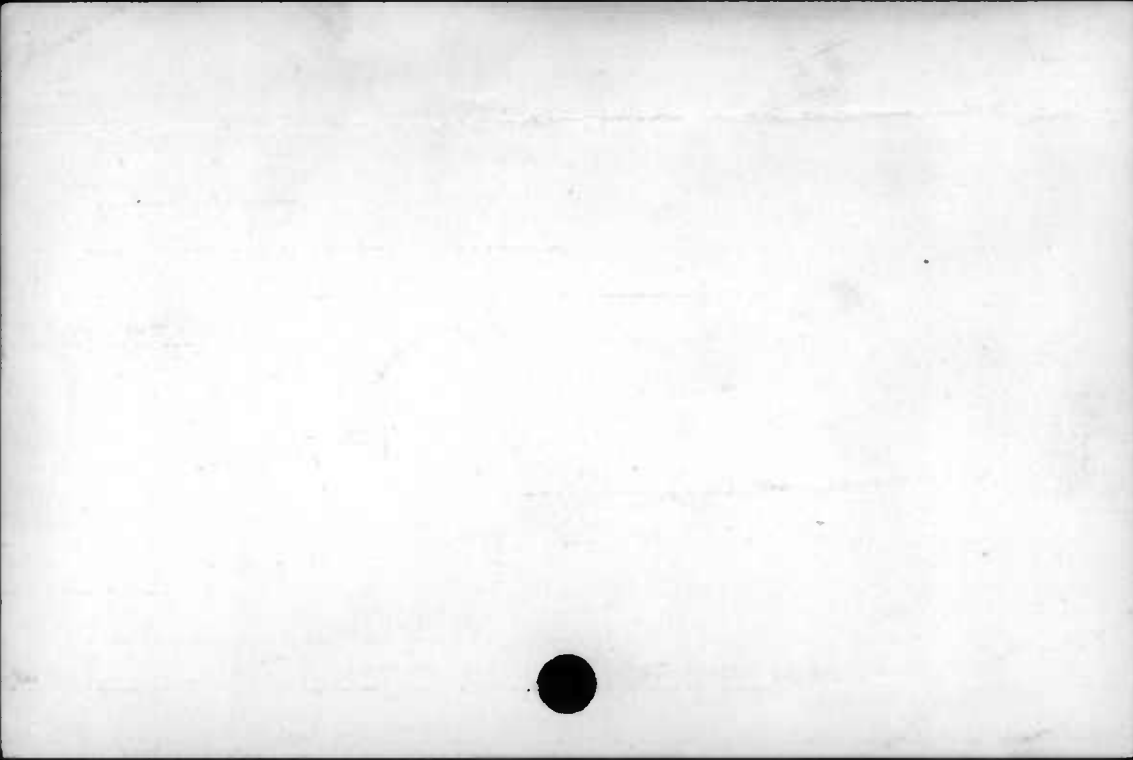
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>31</u>	Age <u>11</u>	Years <u>11</u>	Months <u>11</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>                    </u>			Where Residing if not at place of death <u>                    </u>		
Married, Single or Widowed <u>                    </u>			Name of Wife or Husband <u>                    </u>		
Father's Name <u>John Hargis</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Laura Corkran</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>John J. Corkran</u>			How related to deceased <u>Grandfather</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cerebral - Colitis</u>	How long <u>3 weeks</u>
Immediate <u>Ephraim</u>	How long <u>4 few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. G. L. Bump</u>
	Address <u>                    </u>
Accident or Suicide? <u>                    </u>	



Name in Full		Died at				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Town <u>Caulnaga</u>				County <u>Dorchester</u>		MARYLAND	
		Date of death <u>1908</u>		Month <u>July</u>	Day <u>12</u>	Age <u>35</u>	Years	Months <u>3</u>	Days <u>24</u>
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Tallapoosa Ga</u>			
		Occupation <u>House wife</u>		Where Residing if not at place of death <u>Caulnaga Md Hospital</u>					
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Geo M. H. Harrison</u>					
		Father's Name <u>Charles Harrison</u>		Father's Birthplace <u>Smithsboro Md</u>					
Mother's Maiden Name <u>Anna Harrison</u>		Mother's Birthplace <u>Tallapoosa Ga</u>							
Name of person giving information <u>Harbana Harrison</u>		How related to deceased <u>Husband</u>							
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">18</div>									
PHYSICIAN OR CORONER		Primary <u>Erysipelas + Abscess of Breast</u>				How long <u>One week about</u>			
		Immediate <u>Eruption of Abdominal Abscess</u>				How long <u>Some hours</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>Dr. G. L. Harrison</u>			
		Address <u>Caulnaga Md</u> M. B. Patient sent to Camb. Hosp. for treatment across the Bay & returned Accident or Suicide? <u>No</u> <u>By above - information as above written above.</u>							



Name  
in  
Full

Wm A. Hooper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

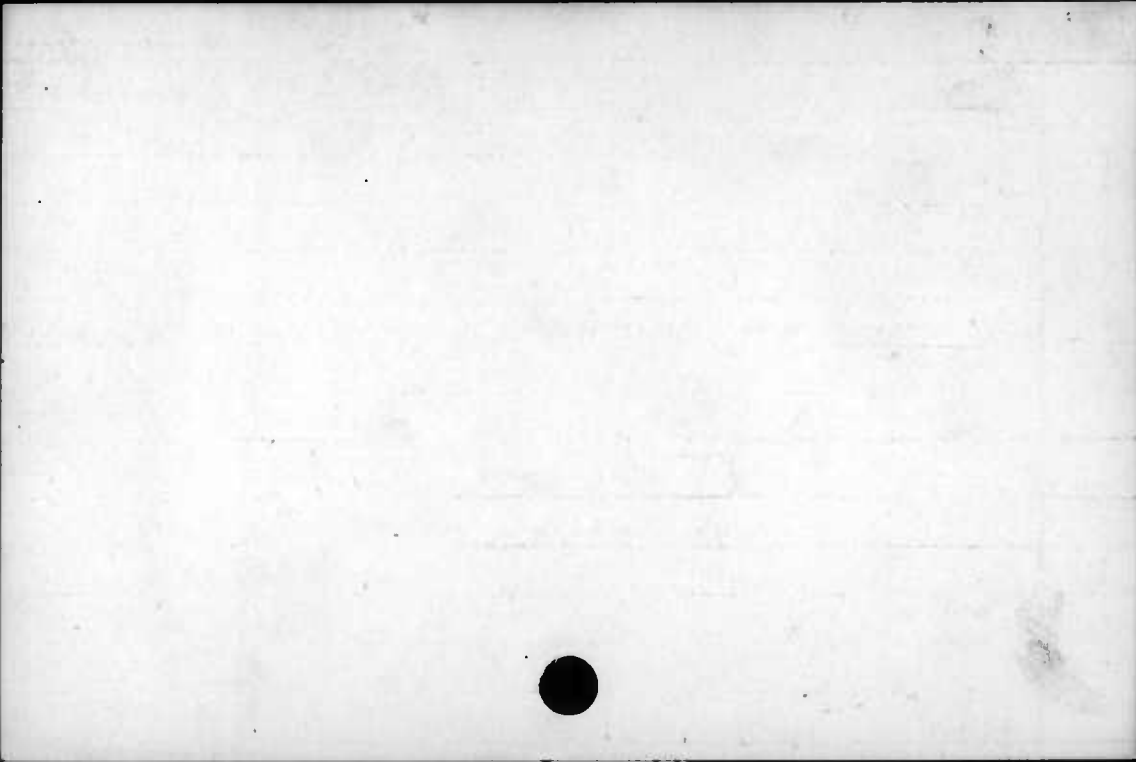
Died at <i>Taylor's Island</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>17</i>		Age <i>58</i>	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Md.</i>		Months <i>—</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Hooper</i>		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>	
Father's Name <i>Jacob Hooper</i>		Mother's Maiden Name <i>Annie Hooper</i>		Name of person giving information <i>Sam'l Hooper</i>		How related to deceased <i>Nephew</i>	

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary <i>Enteritis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jo. B. Shriver Jr.</i>
Accident or Suicide? <i>—</i>	Address <i>Taylor's Island Md.</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

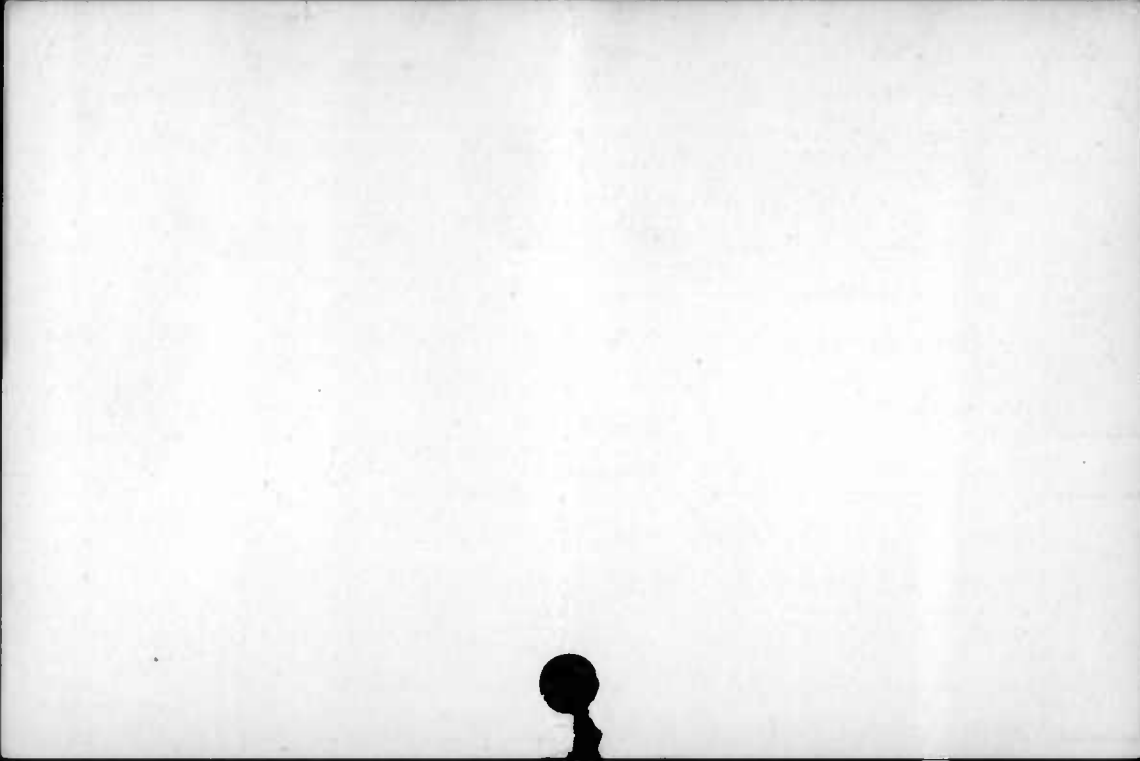
Name <i>Joseph Hurley</i>			Town <i>Cokeland</i>		County <i>Dorchester</i>		MARYLAND		
Died at		Date of death <i>1908</i>		Month <i>July</i>	Day <i>3</i>	Age <i>55</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Don't know</i>					
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Cokeland, Md.</i>						
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>							
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>							
Name of person giving information <i>Levin F. Hurley</i>		How related to deceased <i>neighbor</i>							

## CAUSES OF DEATH

39

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of lip</i>	How long	<i>6 months</i>
Immediate	<i>Prostration</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. J. Price</i>	
		Address <i>Vienna, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Henrietta Irwin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

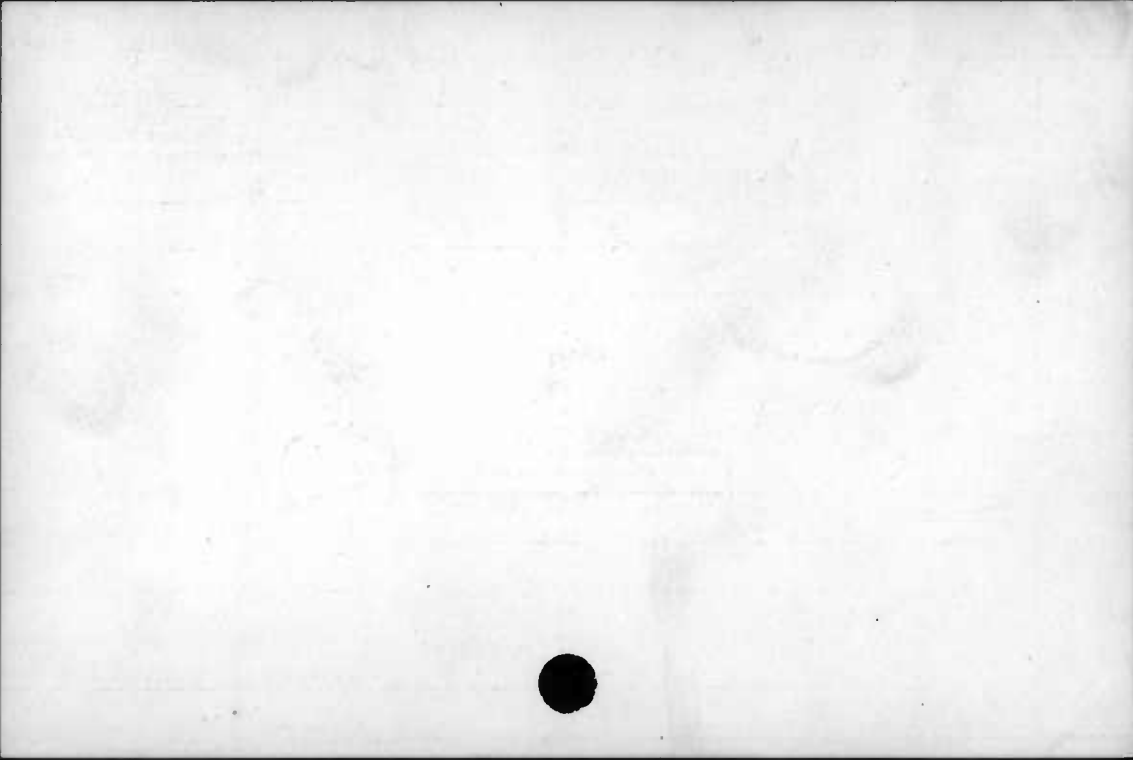
Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>2</u>	Age <u>60</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Cambridge</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jerry C. Irwin</u>				
Father's Name <u>Spencer Mc Botter</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Pittsburgh</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Jerry C. Irwin</u>		How related to deceased <u>Husband</u>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>Some months</u>
Immediate <u>E. Laucha</u>	How long <u>Some days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. Goldbrap</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide?	







Name  
in  
Full

Walter Vernon Lane

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

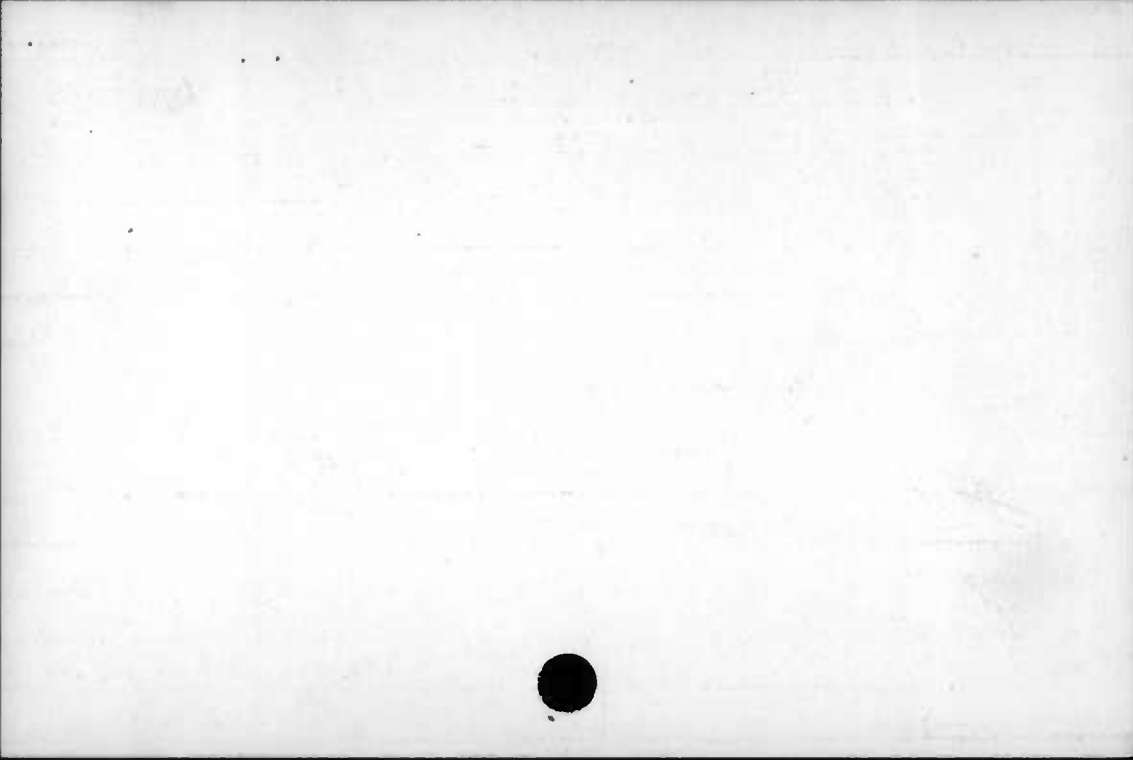
Died at <i>Town Point</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>4</i>	Age <i>—</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Town Point</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Albert Lane</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Maggie Horseman</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Albert Lane</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

179

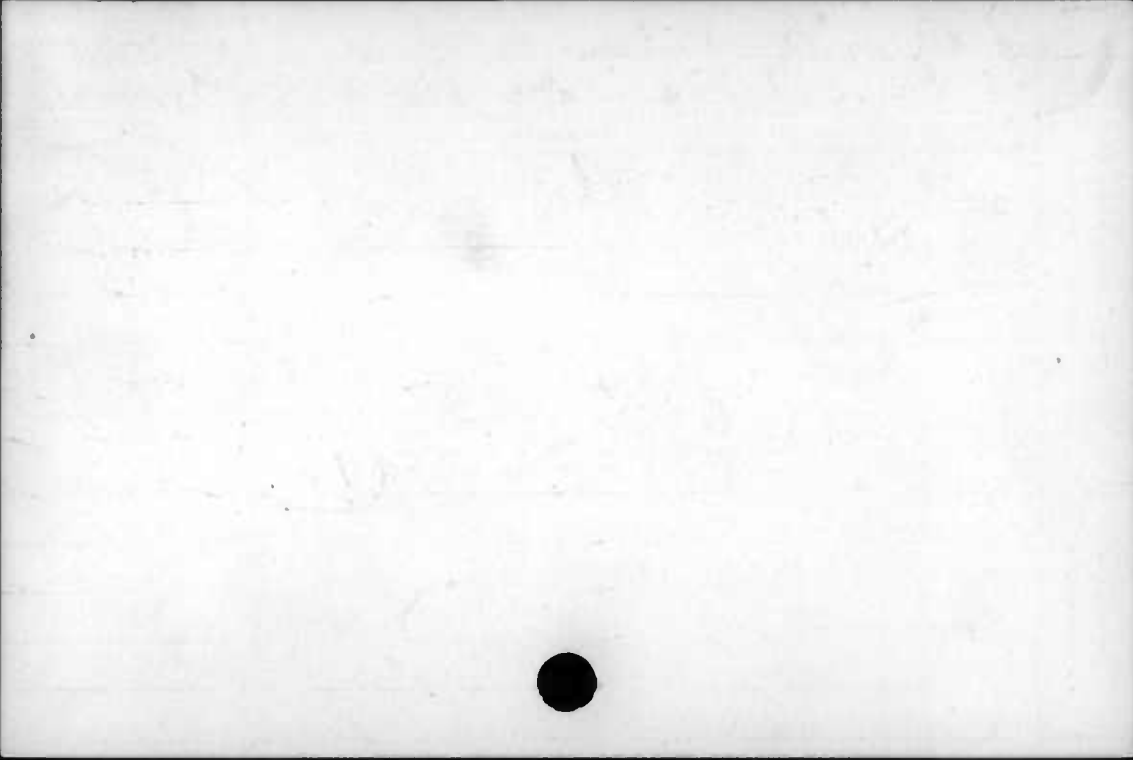
PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>a few days</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No physician</i>
<i>Yes</i>	Address <i>6 Bennett Building</i>
Accident or Suicide?	<i>Sub-Registrar</i>





Name in Full <b>Herber R Liland</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Cambridge</b> <small>Town</small> <b>Dorchester Co</b> <small>County</small> <b>Md</b> <small>MARYLAND</small>		
	Date of death <b>1908</b> <small>Month</small> <b>July</b> <small>Day</small> <b>30</b> <small>Years</small> <b>5</b> <small>Months</small> <b>5</b> <small>Days</small>		
	Sex <b>Female</b> <small>Color or Race</small> <b>White</b> <small>Birth-place</small> <b>Cambridge</b>		
	Occupation <b>Baby</b> <small>Where Residing if not at place of death</small> <b>Cambridge</b>		
	<del>Married, Single or Widowed</del> <b>Single</b> <small>Name of Wife or Husband</small>		
	Father's Name <b>Henry Liland</b> <small>Father's Birthplace</small> <b>Hoop Island</b>		
	Mother's Maiden Name <b>Mary Stewart</b> <small>Mother's Birthplace</small> <b>Lakewood</b>		
Name of person giving information <b>Henry Liland</b> <small>How related to deceased</small> <b>Father</b>			
<div>CAUSES OF DEATH</div> <div>105</div>			
PHYSICIAN OR CORONER	Primary <b>Enteric - Colitis</b> <small>How long</small> <b>2 or more</b>		
	Immediate <b>Cholera and diarrhoea</b> <small>How long</small> <b>More or less</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Dr. G. A. Brown</b>	
		Address <b>Cambridge Md</b>	
	Accident or Suicide?		



Name  
in  
Full

Willard M Lyons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

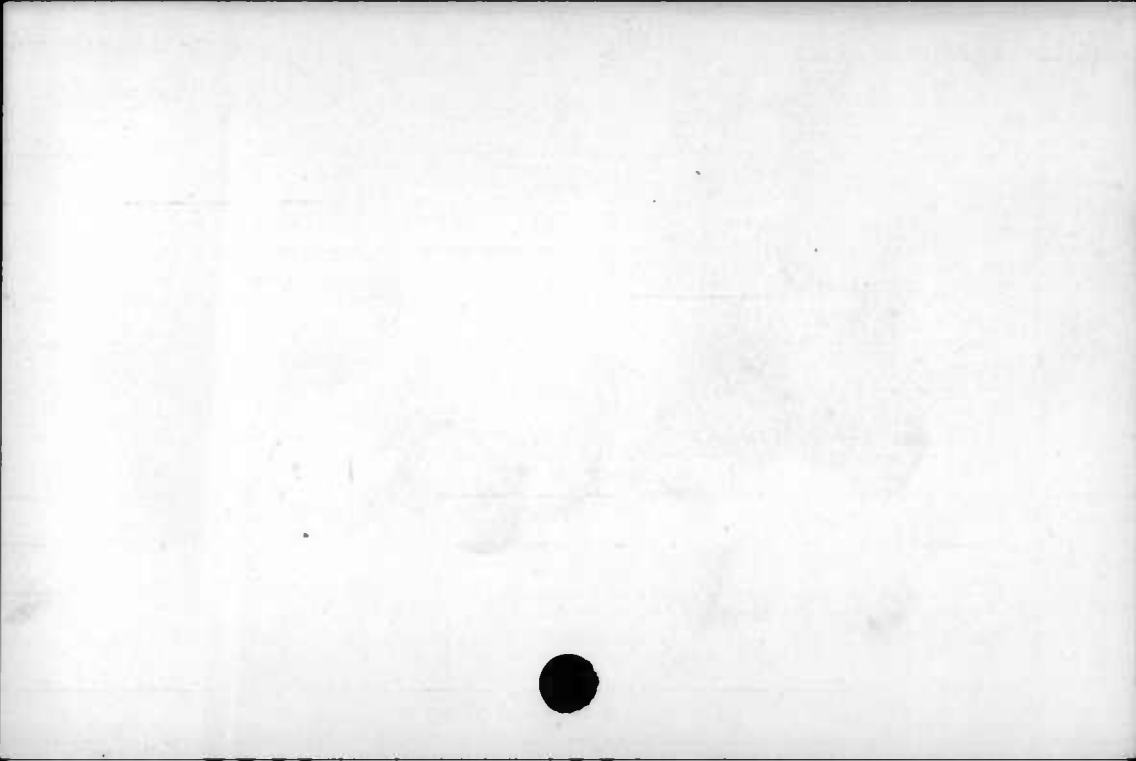
Died at <u>Huslock</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	<u>7</u> <sup>Month</sup>	<u>5</u> <sup>Day</sup>	Age <u>53</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>21</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death		
Married, <u>Single</u> <sup>or Widowed</sup>		Name of Wife or Husband <u>Mary L Lyons</u>			
Father's Name <u>James Lyons</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Rachel Full</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Wag Lyons</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Acute indigestion</u>	How long <u>one hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>No Physician in attendance</u>
	Address <u>Robert L Hasbungs</u> <u>Locust Ridge</u>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Margaret Mc Williams

Town

County

MARYLAND

Died at

Towson

Date

of death 190

8

Month

7

Day

29

Age

Years

C

Months

9

Days

10

Sex

female

Color or  
Race

white

Birth-  
place

Dor Co

Married, Single  
or Widowed

single

Occupation

Name of Wife or  
Husband

none

Father's  
Name

Charles Mc Williams

Father's  
Birthplace

Dor Co

Mother's  
Maiden Name

Emma Arnett

Mother's  
Birthplace

Dor Co

Name of person giving  
In formation

C Mc Williams

How related  
to deceased

father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Dr. Charles

How long

6 weeks

Immediate

Dr. Sower

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

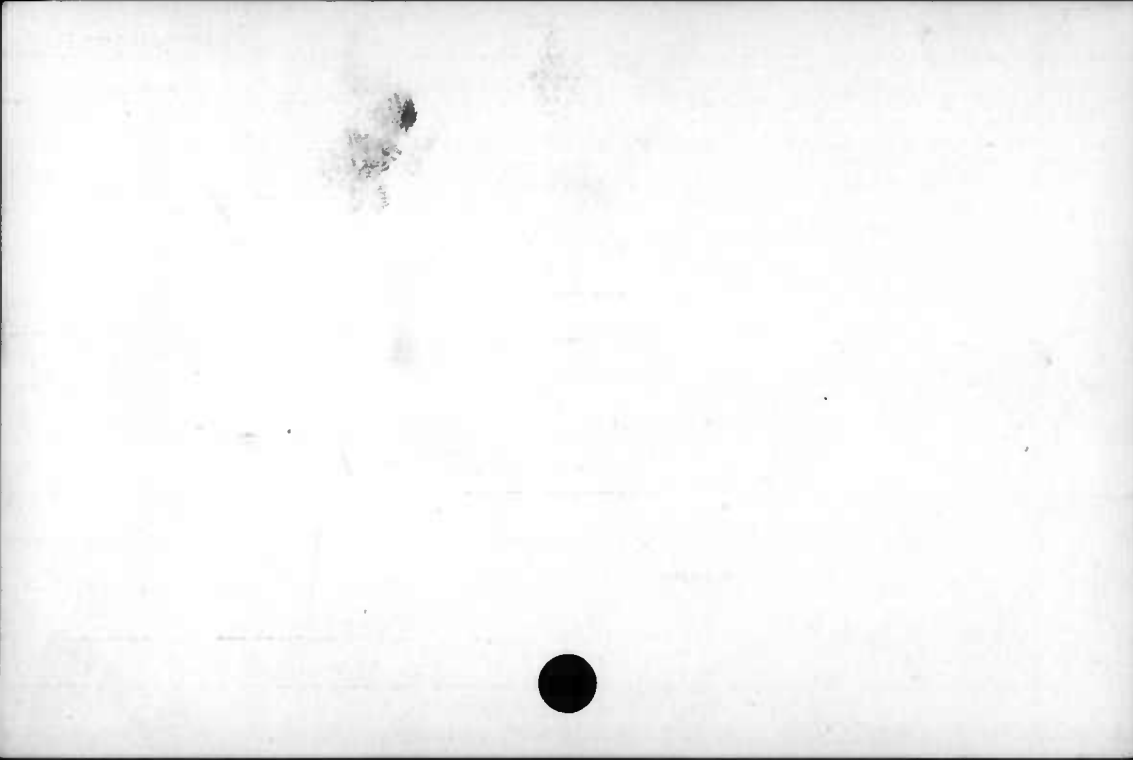
G. Rogers Myers

Address

Huron

Accident or Suicide?

No



Name  
in  
Full

Bing Manning

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <b>Balern</b> <small>Town</small>		<b>Dorchester</b> <small>County</small>			
Date of death <b>1906</b>	<b>July</b> <small>Month</small>	<b>16</b> <small>Day</small>	Age <b>—</b> <small>Years</small>	<b>4</b> <small>Months</small>	<b>—</b> <small>Days</small>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Dorchester Co. Md</b>		
Occupation <b>none</b>		Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>single</b>	Name of Wife or Husband <b>—</b>				
Father's Name <b>Hamilton Manning</b>			Father's Birthplace <b>Dorchester Co. Md.</b>		
Mother's Maiden Name <b>Eva McAllister</b>			Mother's Birthplace <b>" " "</b>		
Name of person giving information <b>Hamilton Manning</b>			How related to deceased <b>brother</b>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <b>Cholera Infantum</b>	How long <b>2 months</b>
Immediate <b>exhaustion</b>	How long <b>1 day</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>No physician</b>
<b>yes</b>	Address <b>Green Spring</b>
Accident or Suicide?	<b>Justice of the Peace</b>





Name  
in  
Full

Alline A. Marshall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

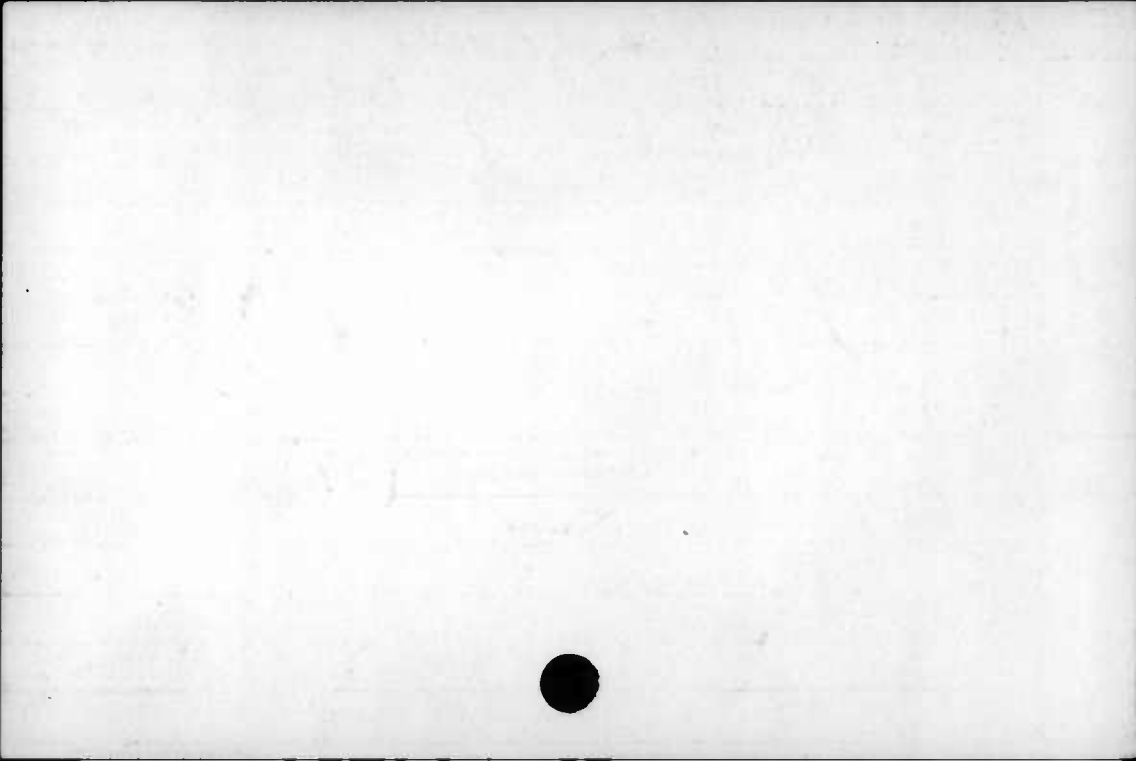
Died at <sup>Town</sup> <i>New Market</i> <sup>County</sup> <i>Dorchester</i>		MARYLAND		
Date of death	1908	Month	July	
		Day	16	
		Age	29	
		Years		
		Months	11	
		Days	14	
Sex	<i>Female</i>		Color or Race	<i>white</i>
Birth-place	<i>Golden Hill</i>			
Occupation	<i>Housewife</i>		Where Residing if not at place of death	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>J. V. Marshall</i>
Father's Name	<i>Fred North</i>		Father's Birthplace	<i>Dorchester Co. Neck Dist.</i>
Mother's Maiden Name	<i>Fannie Moore</i>		Mother's Birthplace	<i>Golden Hill</i>
Name of person giving information	<i>J. V. Marshall</i>		How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>—</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Gay Stuck</i>
		Address	<i>Cambridge, Md.</i>
Accident or Suicide?	<i>No</i>		



Name in Full		Clara E. Marshall				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Cambridge	County Dorchester	MARYLAND			
		Date of death		1908	Month July	Day 24	Age 39	Months —	Days —
		Sex	Female		Color or Race	White		Birth-place	Dorchester Co.
		Occupation	Housewife		Where Residing if not at place of death				
		Married, Single or Widowed	Married		Name of Wife or Husband	Levin E. Marshall			
		Father's Name	Thomas Bassett			Father's Birthplace	Dorchester Co.		
		Mother's Maiden Name	Margaret Hurley			Mother's Birthplace	Dorchester Co.		
		Name of person giving information		Levin E. Marshall		How related to deceased	Husband		
		CAUSES OF DEATH				42			
PHYSICIAN OR CORONER		Primary		Carcinoma cervical		How long		Can't say.	
		Immediate		Peritonitis & Shock		How long		2 Days	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. E. Wolff	
				Address		Cambridge, Md			
		Accident or Suicide?							



Name  
in  
Full

Cornelia McKinnis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

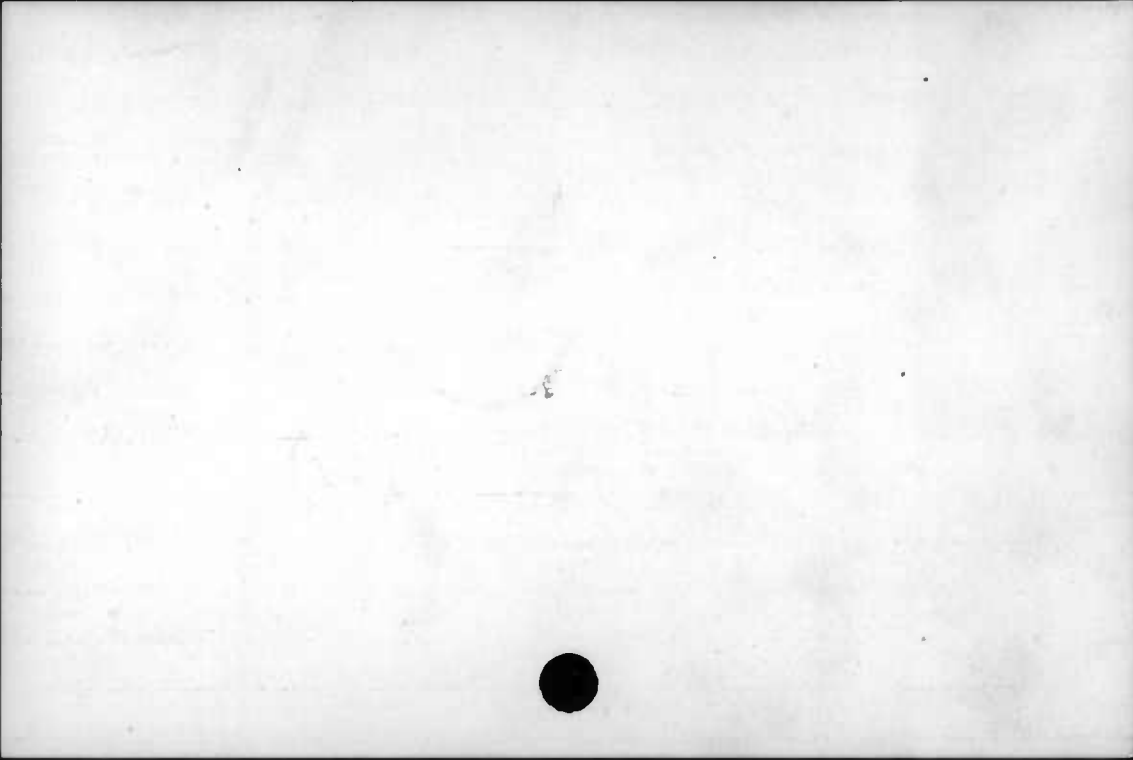
Died at <u>Banbridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>July</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>42</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Housewife</u>	Where Residing If not at place of death <u>Banbridge Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Philmore McKinnis</u>				
Father's Name <u>Isaac Andrews</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Agnes Paul</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Lena McKinnis</u>	How related to deceased <u>Daughter in law</u>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>Some months</u>
Immediate <u>2 hours</u>	How long <u>Some days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. S. L. Brown</u>
	Address <u>Caulnaghter</u>
Accident or Suicide?	



Name  
in  
Full

Elizabeth E. Meekins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

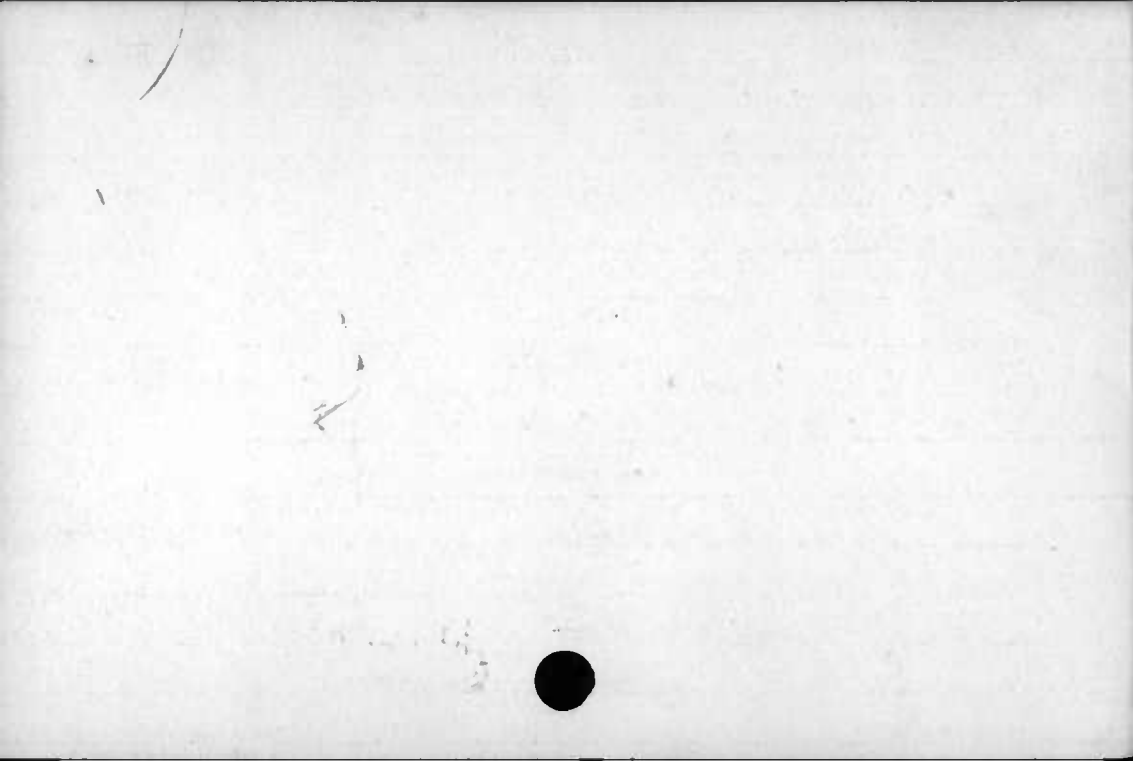
Died at <i>Fishing Creek</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>July</i> Day <i>31</i>		Age <i>27</i> Years		Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alfred W. Meekins</i>				
Father's Name <i>Sam'l E. Hooper</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Alfred W. Meekins</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis - Pulmonary + Intestinal</i>	How long <i>1 yr</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jo. K. Shriver Jr.</i>
	Address <i>Way Cross Island Md.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Horace Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Cambridge<sup>County</sup> Dorchester

MARYLAND

Date  
of death 1908

Month 7

Day 9

Age

Years 65

Months —

Days —

Sex Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Farming

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

From Hospital Adminin Blank

How related  
to deceased

—

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Chronic Nephritis

How long

Don't know

Immediate

Exhaustion

How long

Short

Are the name, age, sex, color, date  
and place correctly given above?

Yes

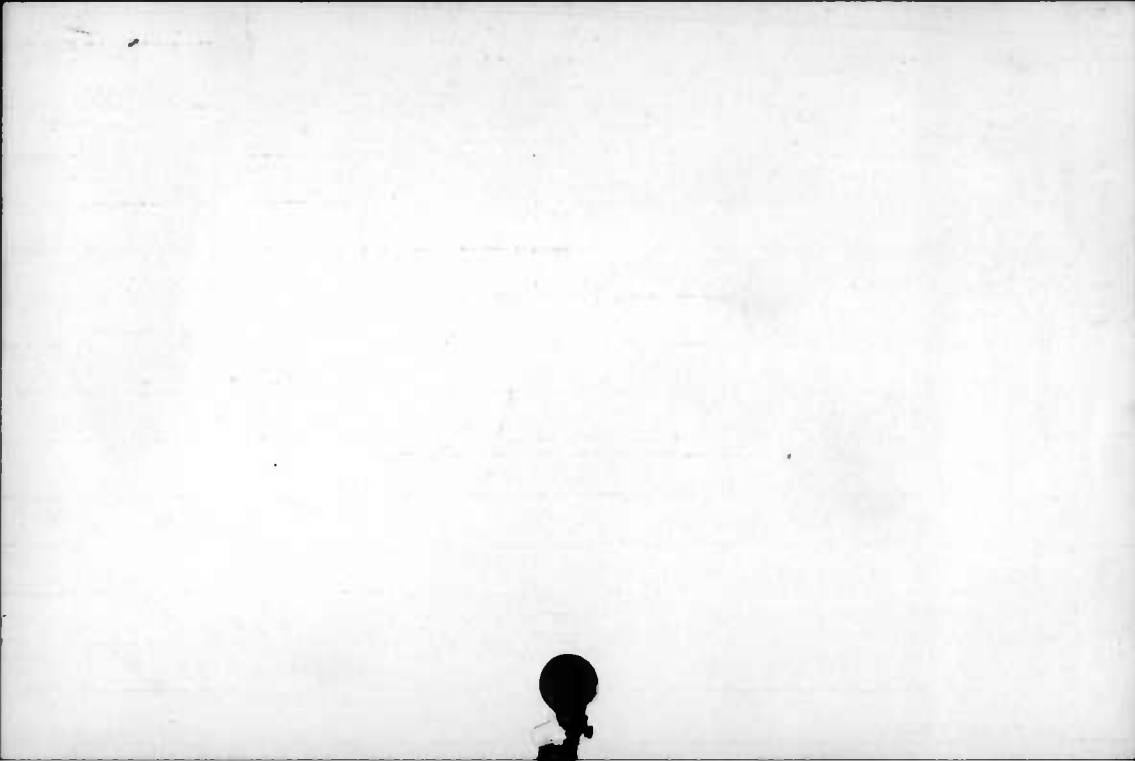
Signature of  
Physician

E. E. Wolff

Address

Cambridge, Md.

Accident or Suicide?



Name  
in  
Full

Mary S. Mosteller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>	Day <i>23</i>	Age	Years	Months <i>5</i>	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ba</i>			
Occupation <i>Chieft</i>		Where Residing if not at place of death <i>Ba.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>George H. Mosteller</i>		Father's Birthplace <i>Ba</i>					
Mother's Maiden Name <i>Lillian M. Ammer</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Lillian M. Mosteller</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Enteritis</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John Mace</i>	
		Address <i>Cambridge</i>	
Accident or Suicide?			



Name  
in  
Full

Wesley Murry.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

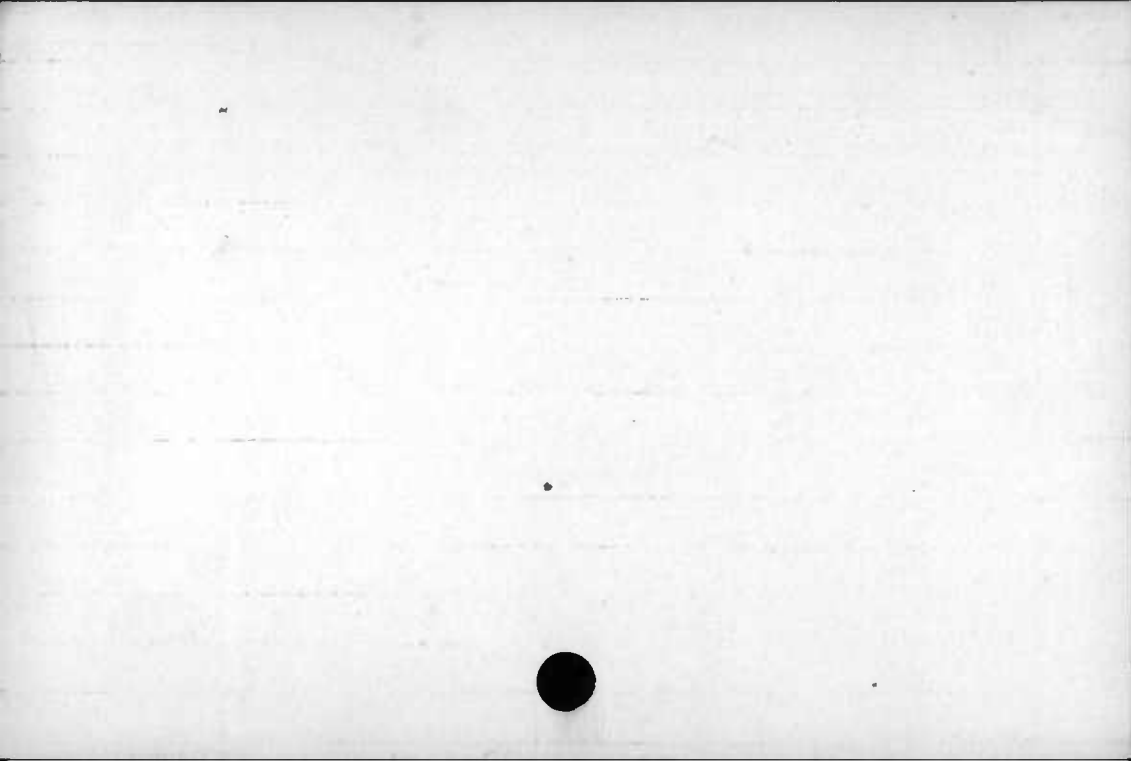
Died at <u>Vienna</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1908</u> Month <u>July</u> Day <u>9th</u>		Age <u>60</u> Years		Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>	
Occupation <u>Miller</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Saura Murry</u>			
Father's Name <u>Joe Murry</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Millie Young</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Joseph Murry</u>		How related to deceased <u>Brother</u>			

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary <u>Sciatica</u>	How long <u>3 days</u>
Immediate <u>Cardiac Paralysis</u>	How long <u>2</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. H. Blund</u>
	Address <u>Vienna Md</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 190

8

Month

7

Day

14

Age

Years

34

Months

6

Days

6

Sex

male

Color or  
Race

white

Birth-  
place

Dor Co Md

Married, Single  
or Widowed

single

Occupation

Painter

Name of Wife or  
Husband

none

Father's  
Name

Thos Parvini

Father's  
Birthplace

Dor Co

Mother's  
Maiden Name

M J Parvini

Mother's  
Birthplace

Dor Co

Name of person giving  
In formation

John E Parvini

How related  
to deceased

Brother

## CAUSES OF DEATH

39

Primary

Epileptic seizure of left &amp; neck 3 yrs

How long

Immediate

the same

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

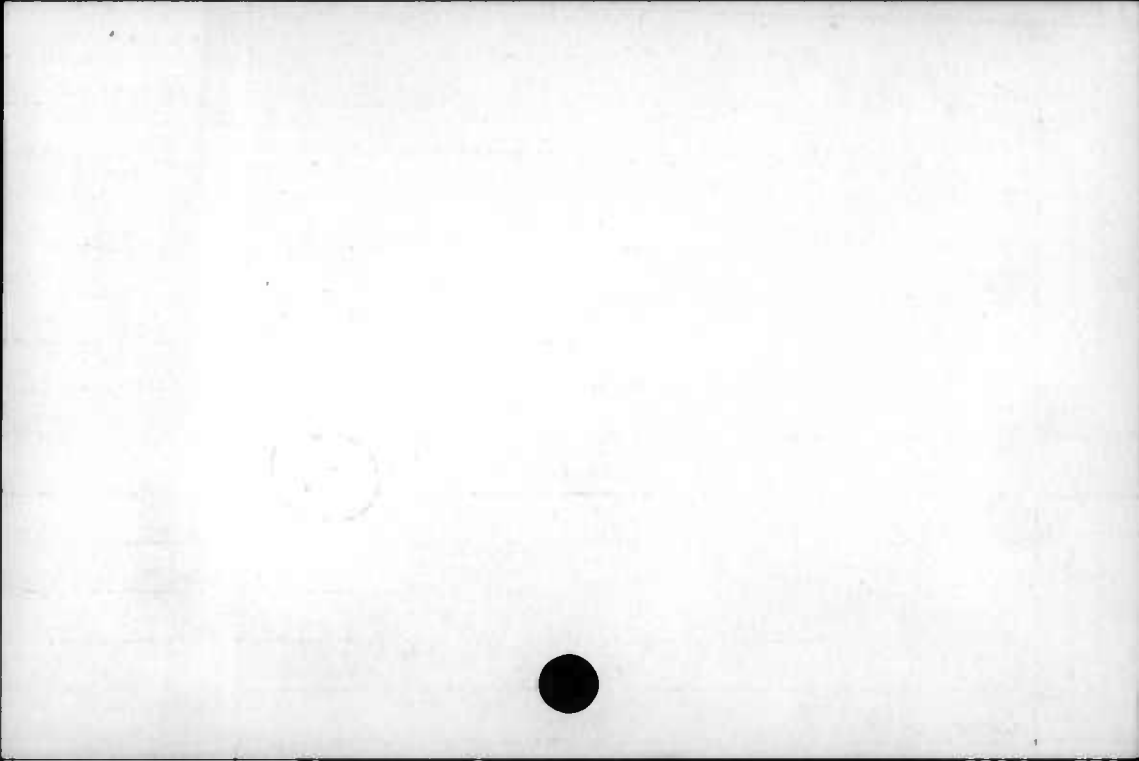
G. R. Meyer

Address

Hurdock Md

PHYSICIAN  
OR CORONER

Accident or Suicide?





Name  
in  
Full

William Hamilton Phillips

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

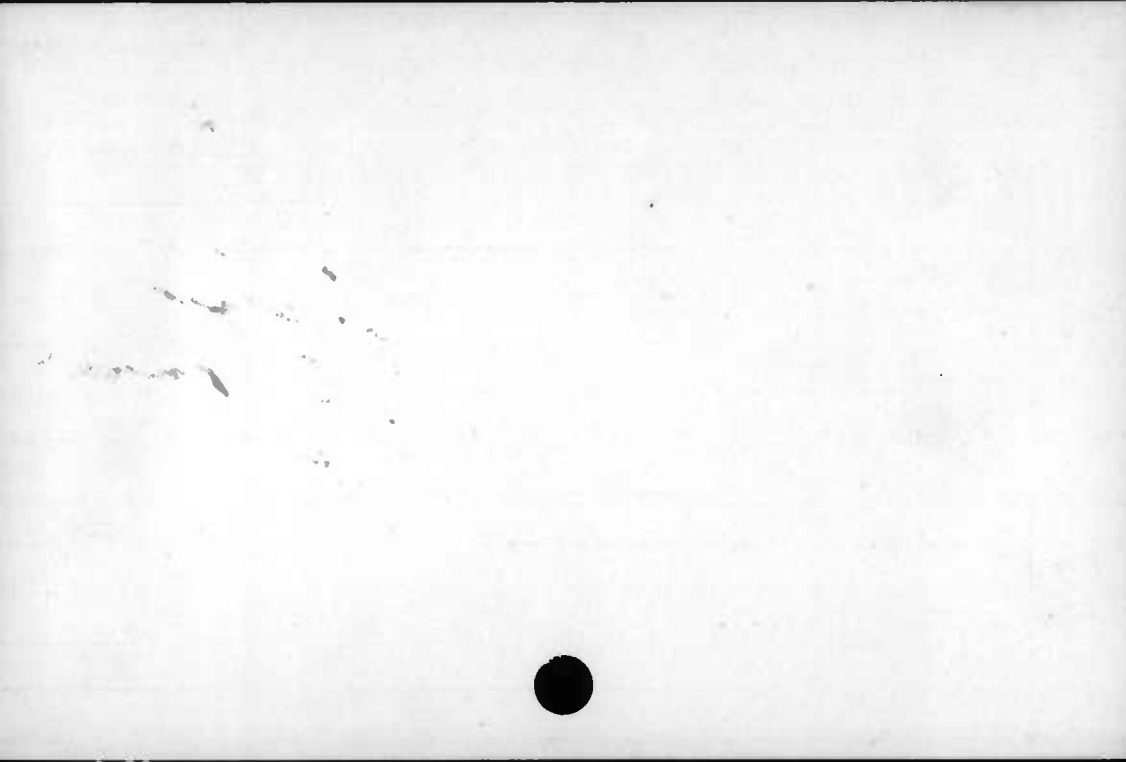
Died at		Town <i>Cambridge</i>		County <i>Dor.</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>10</i>	Age	Years	Months <i>7</i>	Days <i>17</i>
Sex <i>male</i>	Color or Race <i>white</i>			Birth- place <i>Cambridge</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed			Name of Wife or Husband <i>✓</i>				
Father's Name <i>Henry Phillips</i>				Father's Birthplace <i>Cambridge</i>			
Mother's Maiden Name <i>Anne Sherman</i>				Mother's Birthplace <i>Dor. County</i>			
Name of person giving Information <i>Henry Phillips</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

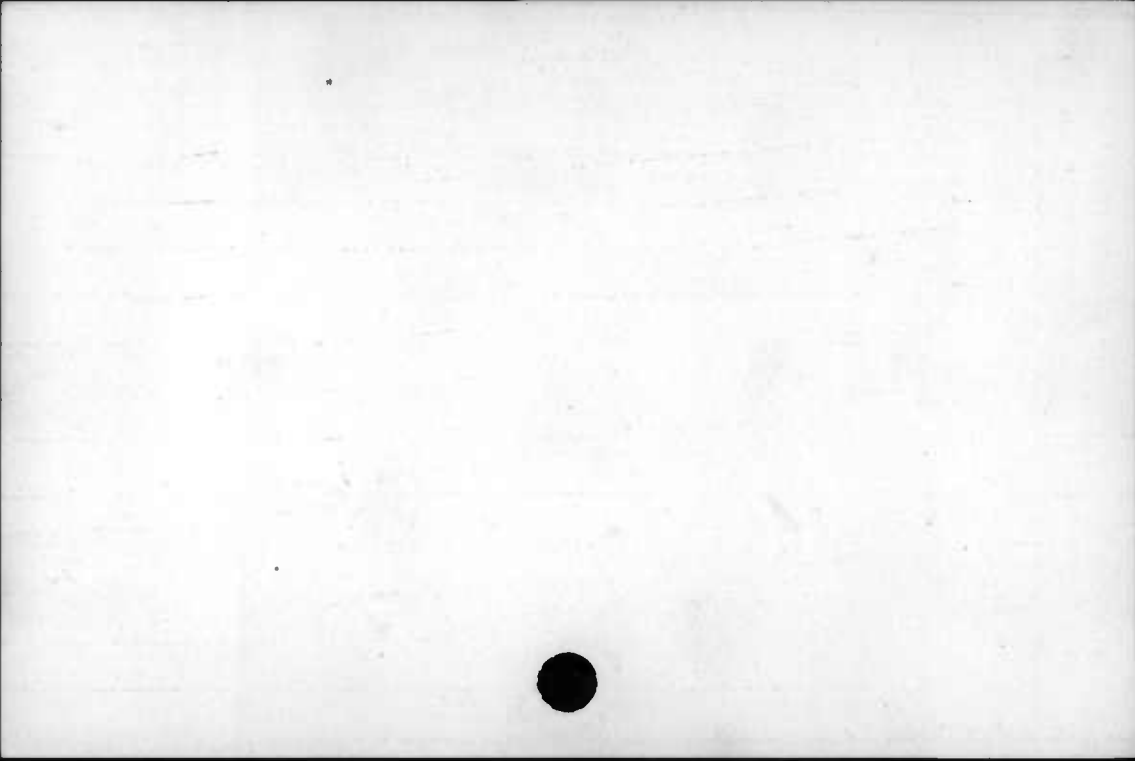
105

PHYSICIAN  
OR CORONER

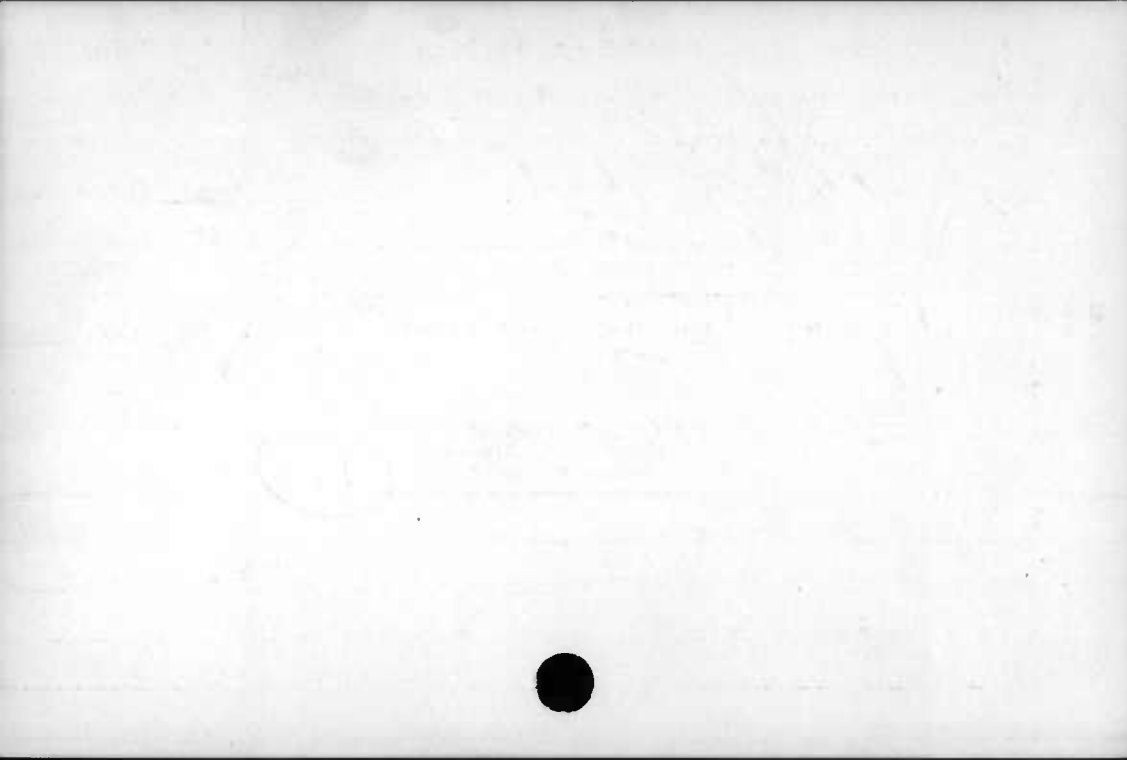
Primary	<i>Enteritis</i>	How long <i>Two weeks</i>
Immediate	<i>meningitis</i>	How long <i>Five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. C. L. W. M. Hanby</i>
		Address <i>✓</i>
Accident or Suicide?		



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>East New Market</i>		County <i>Dorchester</i>	
		Date of death <i>1908</i>		Month <i>7</i>	
		Day <i>15</i>		Age <i>67</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>None</i>		Birth-place <i>Balto Co</i>	
		Where Residing if not at place of death			
		Maided, Single or Widowed		Name of Wife or Husband <i>Edward Reed</i>	
Father's Name <i>John Lagers</i>		Father's Birthplace <i>donk / Penn</i>			
Mother's Maiden Name <i>Mary Helman</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Chas R. Reed</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Bright's Disease</i>		How long <i>Six weeks</i>	
		Immediate <i>Uremic poisoning</i>		How long <i>24 hours</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Nicols MD</i>	
				Address <i>E. N. Market</i>	
		A <i>side?</i>			



Name in Full		Elmer Schleuder				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND		
	Date of death		1908	Month July	Day 31	Age 1	Years 1	Months 2	Days —
	Sex		Female		Color or Race		White		Birth-place
	Occupation		None		Where Residing if not at place of death		Near Cambridge		
	Married, Single or Widowed		—		Name of Wife or Husband		—		
	Father's Name		William Schleuder				Father's Birthplace		Germany
	Mother's Maiden Name		Viola Peters				Mother's Birthplace		America
	Name of person giving information		William Schleuder				How related to deceased		Father
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">105</div>									
PHYSICIAN OR CORONER	Primary		Malaria				How long		Several months
	Immediate		Cholera Infantum				How long		Can't say exactly
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		E. E. Waeff
	Accident or Suicide?						Address		Cambridge, Md Wm's 8 B40



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Joshua R Schumann</b>		Town <b>Hills Point</b>		County <b>Bachster</b>		MARYLAND	
Died at		Date of death		Age		Months	
		<b>1908 July 19</b>		<b>0</b>		<b>1 21</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Ind</b>			
Occupation <b>infant</b>		Where Residing if not at place of death <b>Philopolis Ind</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>none</b>		Father's Name <b>Frank Schumann</b>		Father's Birthplace <b>Ind</b>	
Mother's Maiden Name <b>Bessie Stevenson</b>				Mother's Birthplace <b>Ind</b>			
Name of person giving information <b>Joe B Enson</b>				How related to deceased <b>Uncle</b>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<b>Marasmus</b>	How long	<b>7 weeks</b>
Immediate	<b>Convulsions</b>	How long	<b>12 hrs</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<b>yes</b>		<b>S A Stokes</b>	
		Address <b>Cornersville</b>	
Accident or Suicide?		<b>Ind</b>	





Name  
in  
Full

Lyssunda Sharp

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		State MA MARYLAND	
Date of death	1908	Month July	Day 14	Age Years	42	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Cambridge
Occupation	House wife			Where Residing if not at place of death		Cambridge	
Married, Single or Widowed	Single		Name of Wife or Husband		E Sharp		
Father's Name	Joseph Heuser					Father's Birthplace	Lakewell
Mother's Maiden Name	Emily Fraus					Mother's Birthplace	Linkwood
Name of person giving Information	E Sharp					How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hypertension of heart - <sup>after surgery</sup>		How long	3 months
Immediate	Gut Peritonitis after operation		How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Gay Stull
			Address	Cambridge, Md.
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

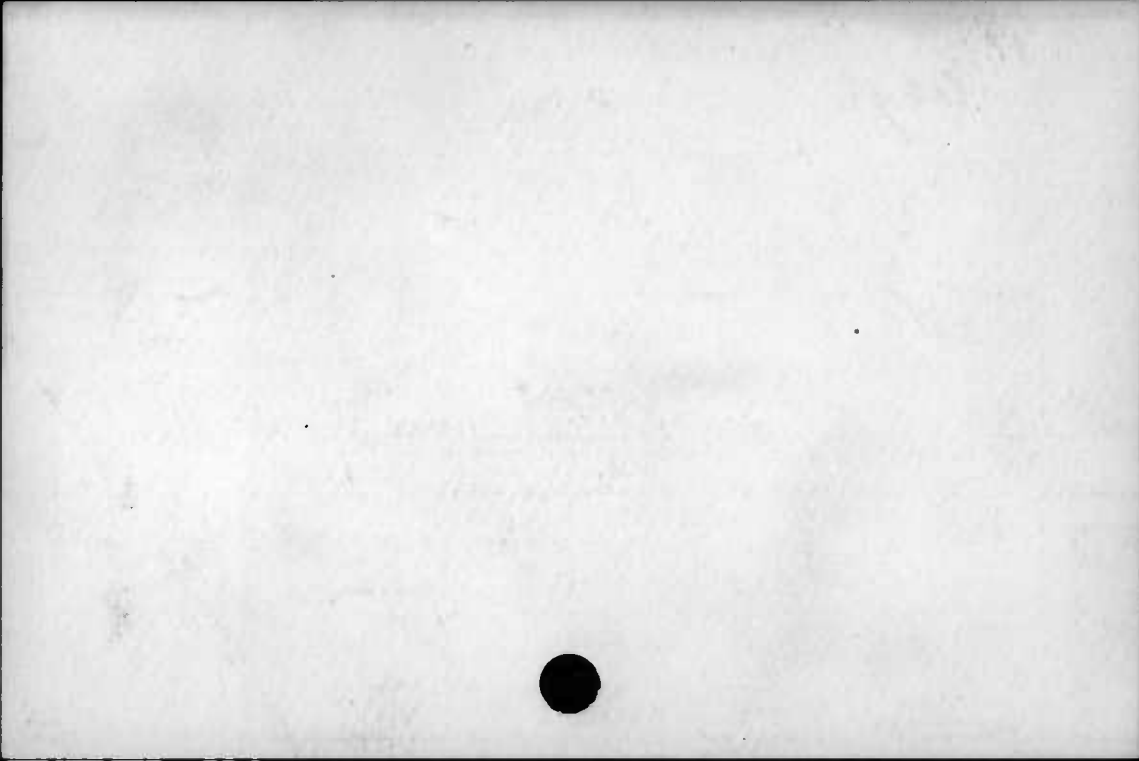
Name in Full <b>Wm R Sherman</b>		Town <b>East New Market</b>		County <b>Dor Co</b>		STATE <b>MARYLAND</b>	
Died at <b>East New Market</b>		Date of death <b>1908</b>		Age <b>73</b>		Months <b>7</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Dor Co</b>		Days <b>4</b>	
Occupation <b>Merchant</b>				Where Residing if not at place of death			
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>Mary Sherman</b>					
Father's Name <b>Thos B Sherman</b>		Father's Birthplace <b>Dor Co</b>					
Mother's Maiden Name <b>Mary Rawleese</b>		Mother's Birthplace <b>Salem, Ind</b>					
Name of person giving information <b>Minne J Neowan</b>		How related to deceased <b>Daughter</b>					

## CAUSES OF DEATH

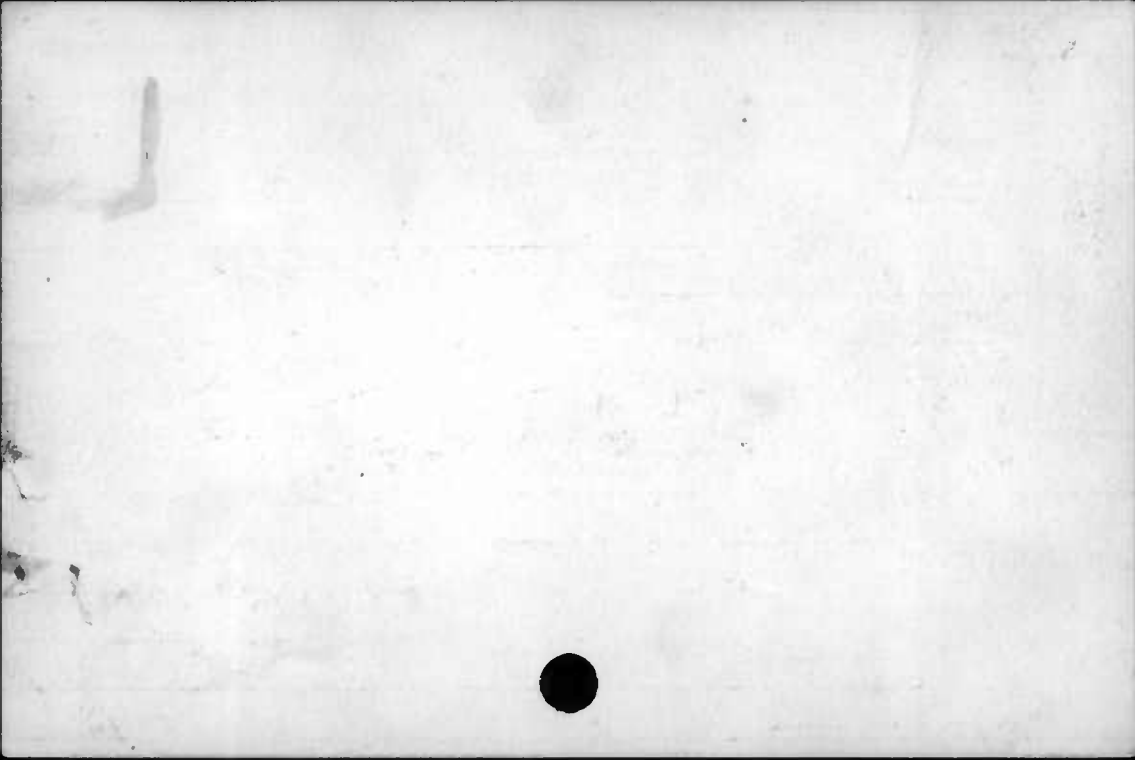
120

PHYSICIAN  
OR CORONER

Primary <b>Bright Disease</b>	How long <b>2 years</b>
Immediate <b>Uremic Coma</b>	How long <b>3 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>H. F. Nichols MD</b>
	Address <b>E. N. Market</b>
	<b>md</b>







Name  
In  
Full

Henry Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

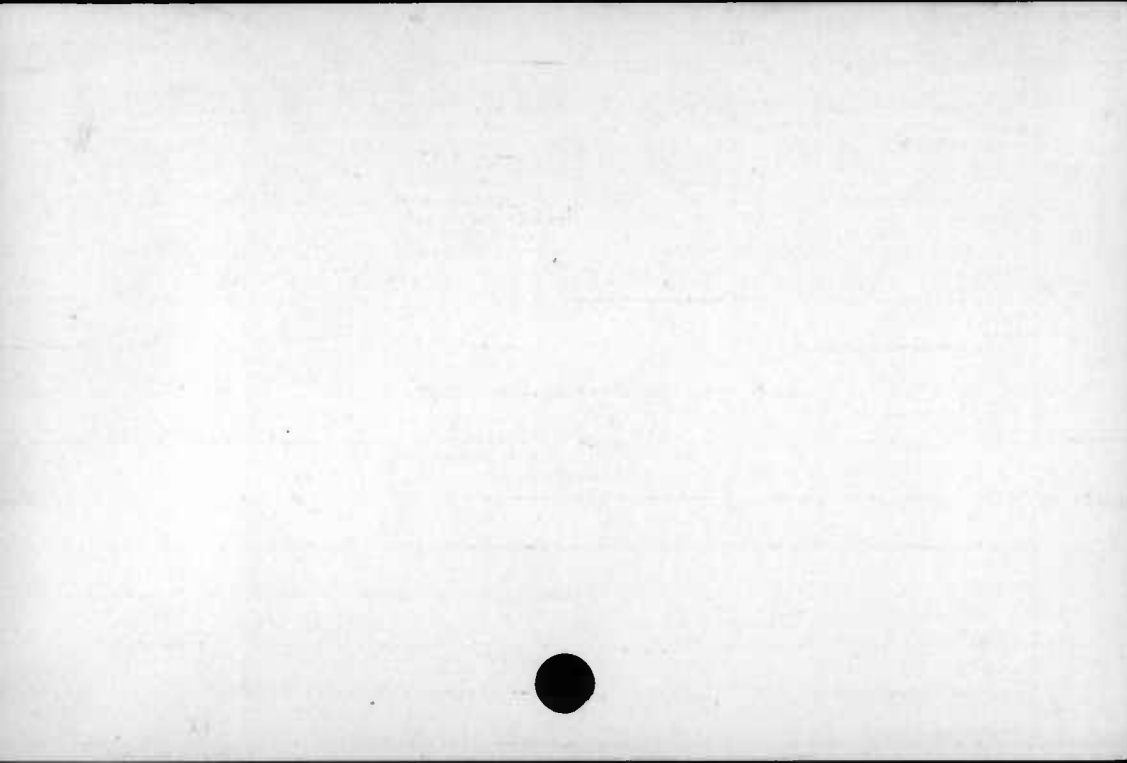
Died at <u>Vienna</u> <small>Town</small>		<u>Saranac</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>July</u> <small>Month</small>	<u>15</u> <small>Day</small>	<u>68</u> <small>Years</small>	<u>0</u> <small>Months</small>	<u>0</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>			
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ellie Stewart</u>				
Father's Name <u>Josiah Pickett</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Julia Thompson</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Levin Baltimore</u>	How related to deceased <u>Friend</u>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <u>Senilit</u>	How long <u>✓</u>
Immediate <u>Heart Failure</u>	How long <u>✓</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr H Blank</u>
	Address <u>Vienna Ind</u>
Accident or Suicide?	





Name  
in  
Full

CERTIFICATE OF DEATH

David Staugh (Straugh)

Town

County

MARYLAND

Died at Cambridge

Dorchester

Date of death 1908

Month

July

Day

20

Age

Years

69

Months

11

Day

1

Sex

male

Color or  
Race

white

Birth-  
place

Cambridge

Occupation

Horse

Where Residing if not  
at place of death

✓

Married, Single  
or Widowed

Name of Wife or  
Husband

Annabel B. Straugh

Father's  
Name

Jas. Straugh

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary Willis

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

Annabel Straugh

How related  
to deceased

wife

CAUSES OF DEATH

40

Primary

intoxication, brain atrophy, epilepsy, aneurysm of heart

How long

6 months

Immediate

anoxia

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Dr. Geo. M. Hanby

Address

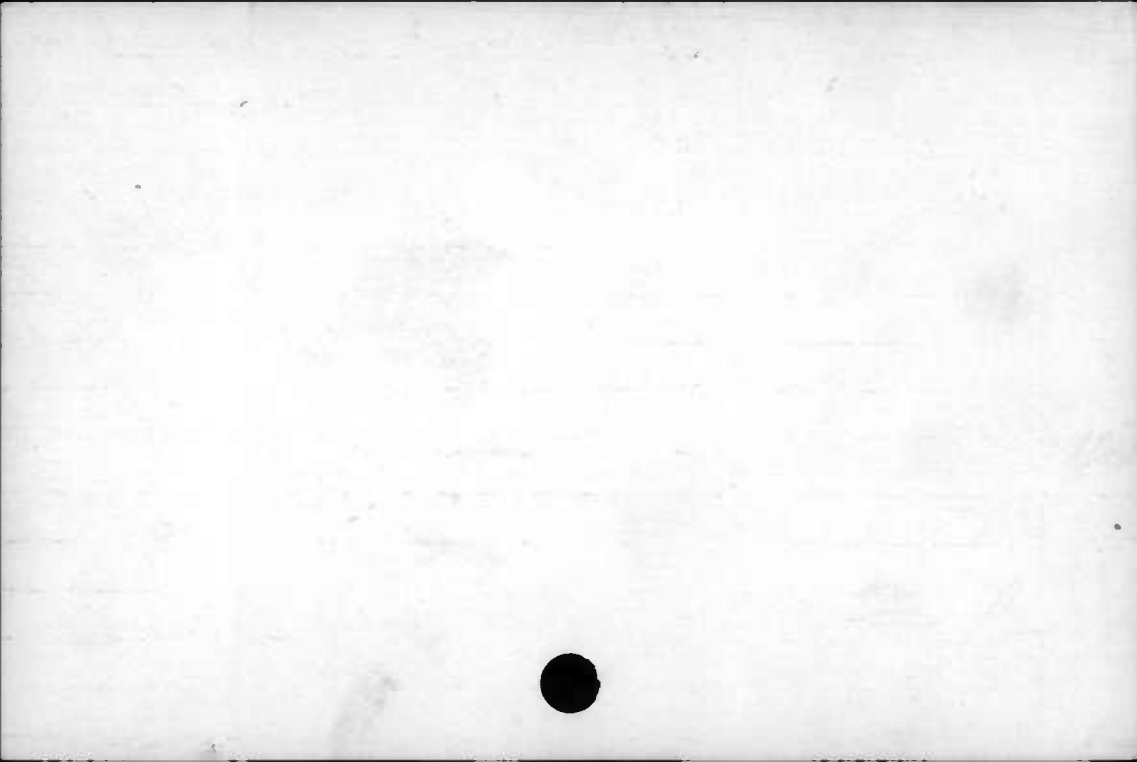
Cambridge

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in Full

Gracie Elizabeth Izler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hoopersville</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>17</i> <small>Age</small>	<i>4</i> <small>Months</small>	<i>25</i> <small>Days</small>
Sex	<i>female</i>	Color or Race	<i>White</i>	Birth-place	<i>Hoopersville Ind</i>
Occupation				Where Residing if not at place of death	<i>Hoopersville</i>
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	<i>Samuel M Izler</i>			Father's Birthplace	<i>Hoopersville</i>
Mother's Maiden Name	<i>Susan S. Hooper</i>			Mother's Birthplace	<i>Hoopersville</i>
Name of person giving information	<i>Samuel M Izler</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	<i>from birth</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>Laurance P Ashton J. P</i>		
	Address <i>Hoopersville Ind</i>		
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Alford Vaughan

Town

County

MARYLAND

Died at Hurlock

Date

of death 190

8

Month

7

Day

1

Age

Years

1

Months

3

Days

24

Sex

male

Color or  
Race

white

Birth-  
place

Hurlock Md

Married, Single  
or Widowed

Single

Occupation

none

Name of Wife or  
Husband

none

Father's  
Name

John Vaughan

Father's  
Birthplace

Dor Co

Mother's  
Maiden Name

Jennie V Moore

Mother's  
Birthplace

Dor Co

Name of person giving  
In formation

John Vaughan

How related  
to deceased

father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Infection

How long

Immediate

The Same as this center

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

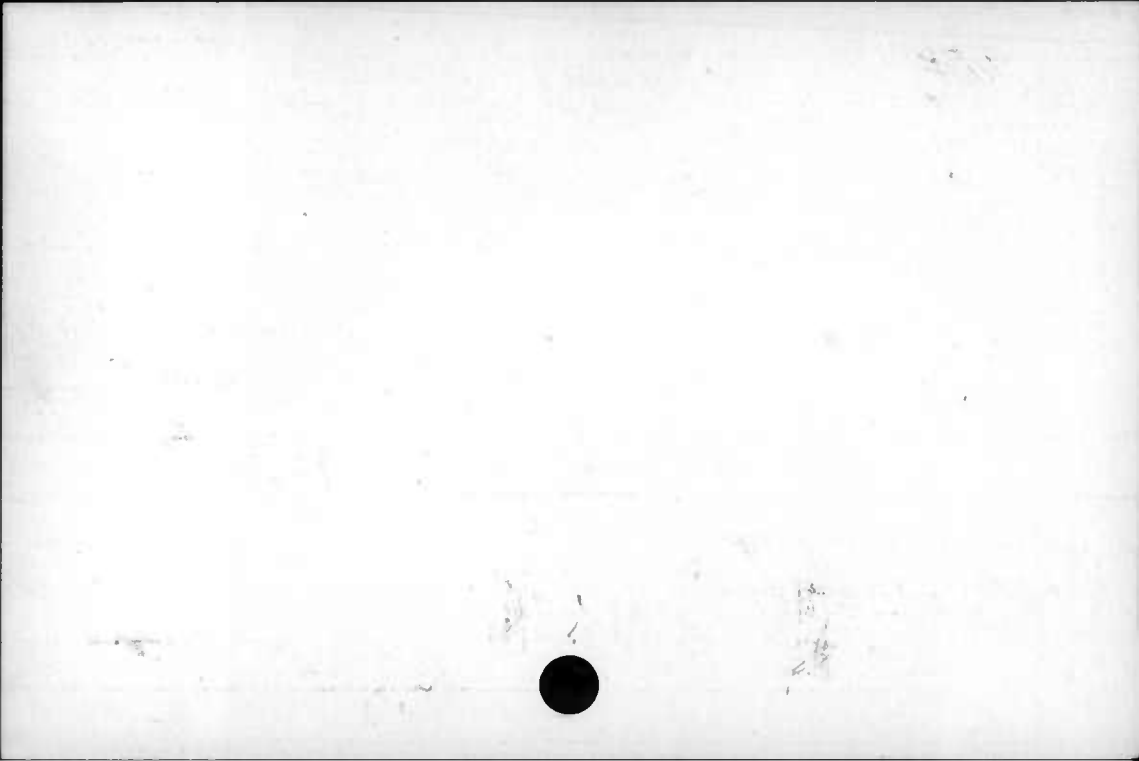
G. Roger Myers

Address

Hurlock

Md

Accident or Suicide?



Name  
in  
Full

Mable V Vaughan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

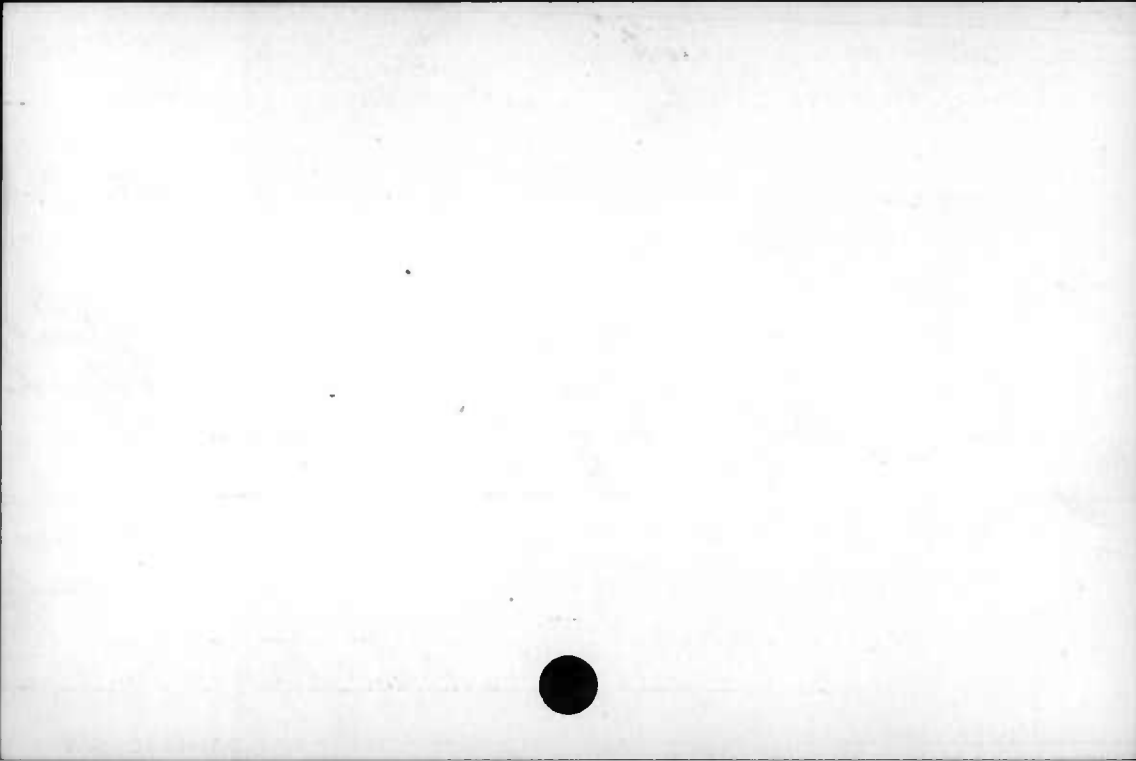
Died at <i>Harrods</i>		Town		County		MARYLAND	
Date of death 190	<i>8</i>	Month	<i>7</i>	Day	<i>1</i>	Age	<i>3</i>
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place		<i>Des Co</i>	
Married, Single or Widowed <i>single</i>				Occupation <i>none</i>			
Name of Wife or Husband <i>none</i>							
Father's Name <i>John Vaughan</i>				Father's Birthplace <i>Des Co</i>			
Mother's Maiden Name <i>Jessie V. Moore</i>				Mother's Birthplace <i>Des Co</i>			
Name of person giving information <i>John Vaughan</i>				How related to deceased <i>father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Mononucleosis</i>
Immediate	<i>The Source &amp; Des Co</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Wiggins</i>
	Address <i>Harrods</i>
Accident or Suicide?	<i>med</i>





Name  
In  
Full

Emma E. Willis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

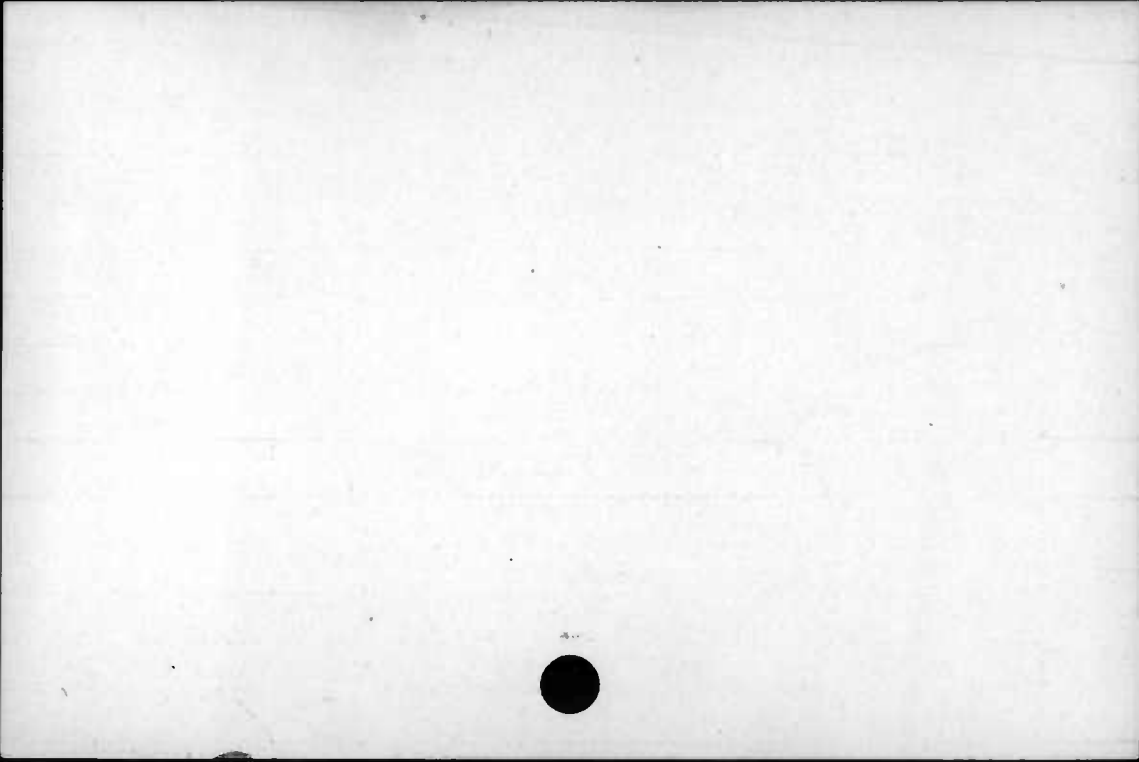
Died at <u>Church Creek</u> <small>Town</small>		<u>Orchester</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u>32</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>8</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>School-teacher</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>William H. Willis</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary Mace</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>W. T. Willis</u>			How related to deceased <u>Brother</u>		

## CAUSES OF DEATH

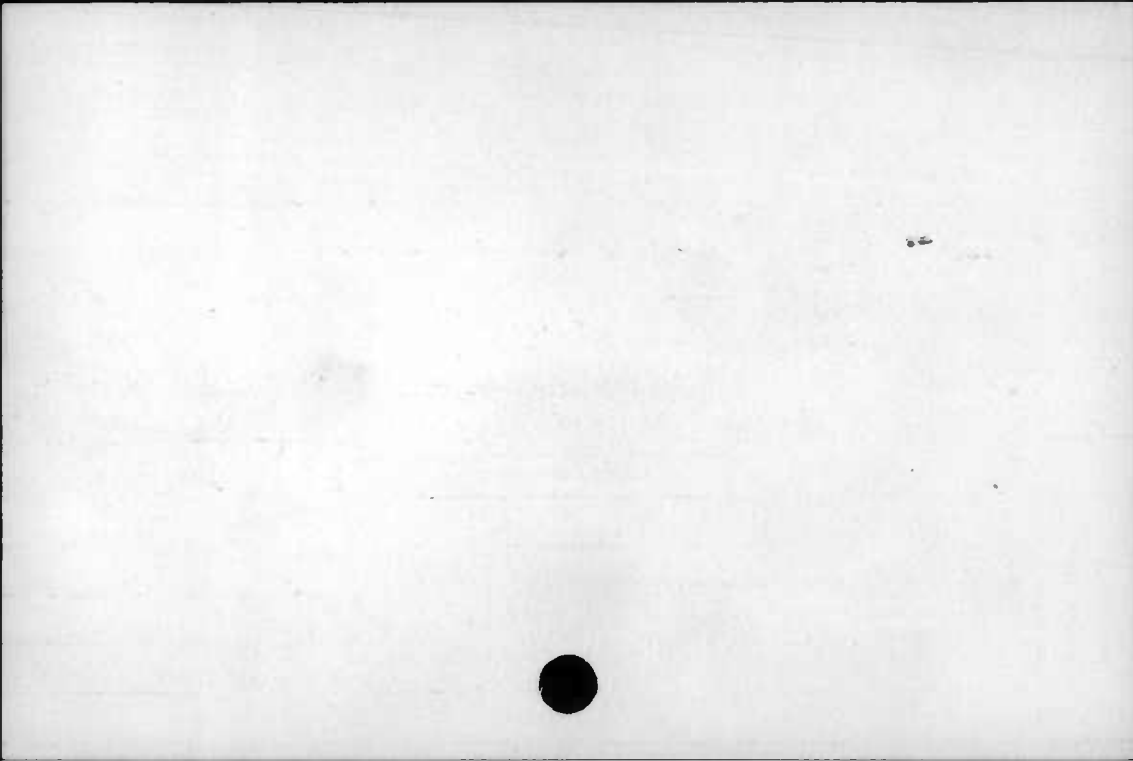
104

PHYSICIAN  
OR CORONER

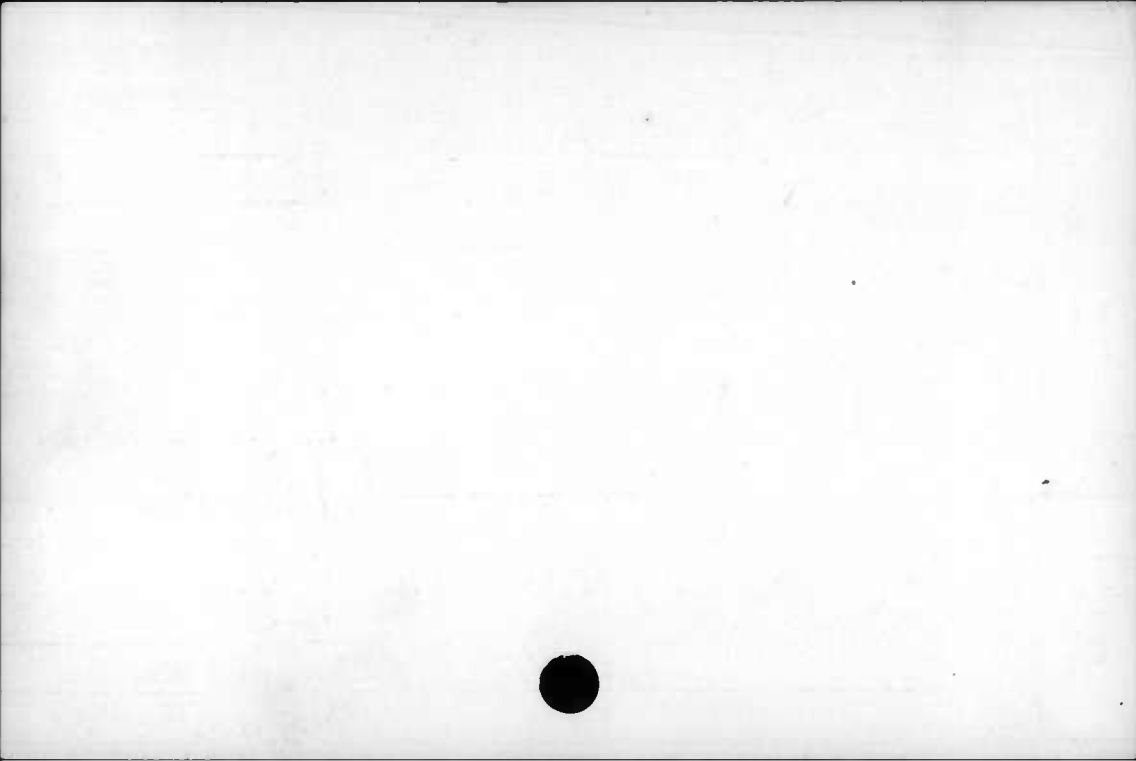
Primary <u>Sub. Acute Gastritis</u>	How long <u>Four weeks</u>
Immediate <u>Abscess Parotid Gland</u>	How long <u>One week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Victor Carroll</u>
	Address <u>Cambridge Md</u>
Accident or Suicide? <u>—</u>	



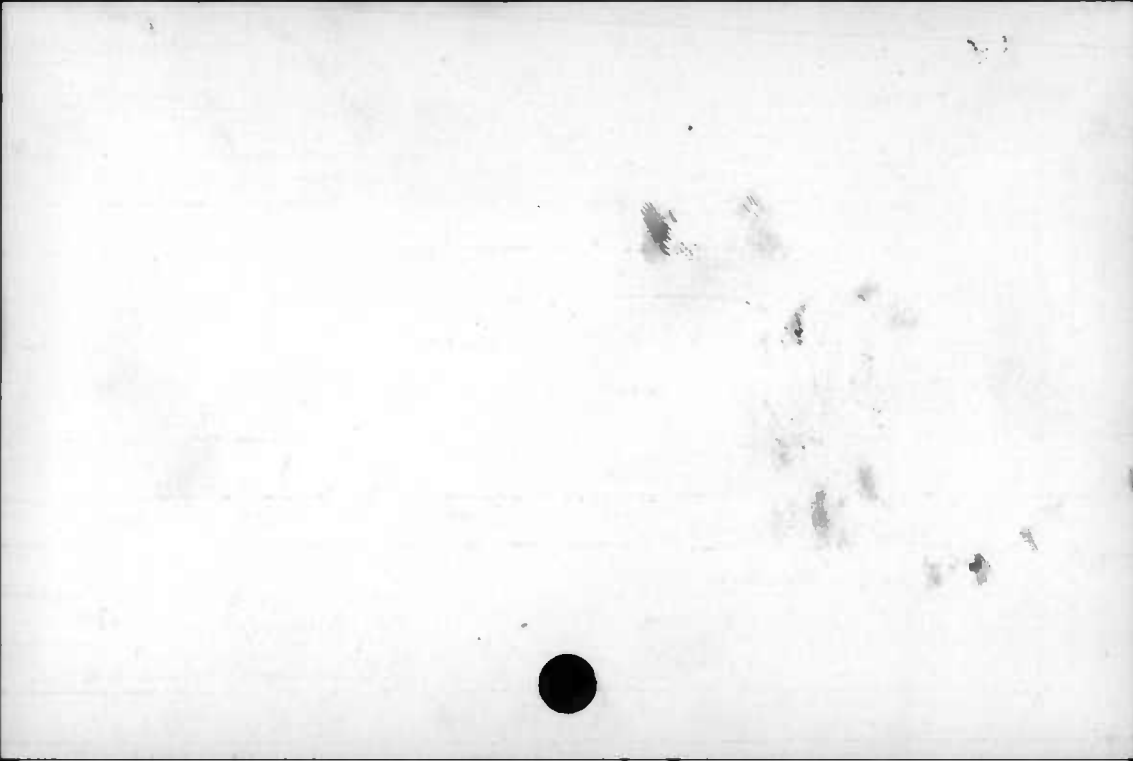
Name in Full <i>Annie Wilson</i>		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cambridge</i> Town		County <i>Dorchester</i>	
	Date of death <i>1908</i> Month <i>July</i> Day <i>4</i>		Age <i>53</i> Years Months <i>4</i> Days <i>—</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
	Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cambridge "</i>	
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel Wilson</i>		
	Father's Name <i>William Fairbanks</i>		Father's Birthplace <i>Maryland</i>	
	Mother's Maiden Name <i>Edna Proctor</i>		Mother's Birthplace <i>"</i>	
	Name of person giving information <i>Annie Bepitch</i>		How related to deceased <i>Daughter</i>	
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <i>Paralysis</i>	How long <i>1 day</i>	<b>66</b>	
	Immediate <i>Asphyxia</i>	How long <i>1 day</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. W. Goodenough</i>	
	Address <i>Cambridge</i>		Willis	
Accident or Suicide?				



Name in Full <b>Rosa Lena Wilson</b>		CERTIFICATE OF DEATH	
Died at Town <b>Madison</b>		County <b>Sorchester</b>	
Date of death <b>1908</b>		Month <b>July</b>	
Day <b>12</b>		Age <b>20</b>	
Sex <b>Female</b>		Color or Race <b>White</b>	
Occupation <b>House girl</b>		Where Residing if not at place of death <b>-</b>	
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>-</b>	
Father's Name <b>Thos Wilson</b>		Father's Birthplace <b>Maryland</b>	
Mother's Maiden Name <b>unknown</b>		Mother's Birthplace <b>Maryland</b>	
Name of person giving information <b>Tom Wilson</b>		How related to deceased <b>Brother</b>	
CAUSES OF DEATH		27	
Primary <b>Tuberculosis</b>		How long <b>One year</b>	
Immediate <b>Hemorrhage of bowels</b>		How long <b>6 hours</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Victor Carroll</b>	
Address <b>Cambridge Md,</b>			
Accident or Suicide?			



Name in Full		Infant no name Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND
	Date of death		1908	Month July	Day 29	Age	Years —
	Sex		—		Color or Race	White	
	Occupation		—		Birth-place	Maryland	
	Married, Single or Widowed		—		Where Residing if not at place of death		
	Name of Wife or Husband		—		—		
	Father's Name		Thomas S. Wilson		Father's Birthplace		
Mother's Maiden Name		Lizzie Allison		Mother's Birthplace			
Name of person giving information		Wm. S. Wilson		How related to deceased			Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Said born		How long		—
	Immediate		" "		How long		—
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		None		
			Address		Clement S. Williams		
	Accident or Suicide?				Justice of the Peace		





Name  
in  
Full

No Name Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

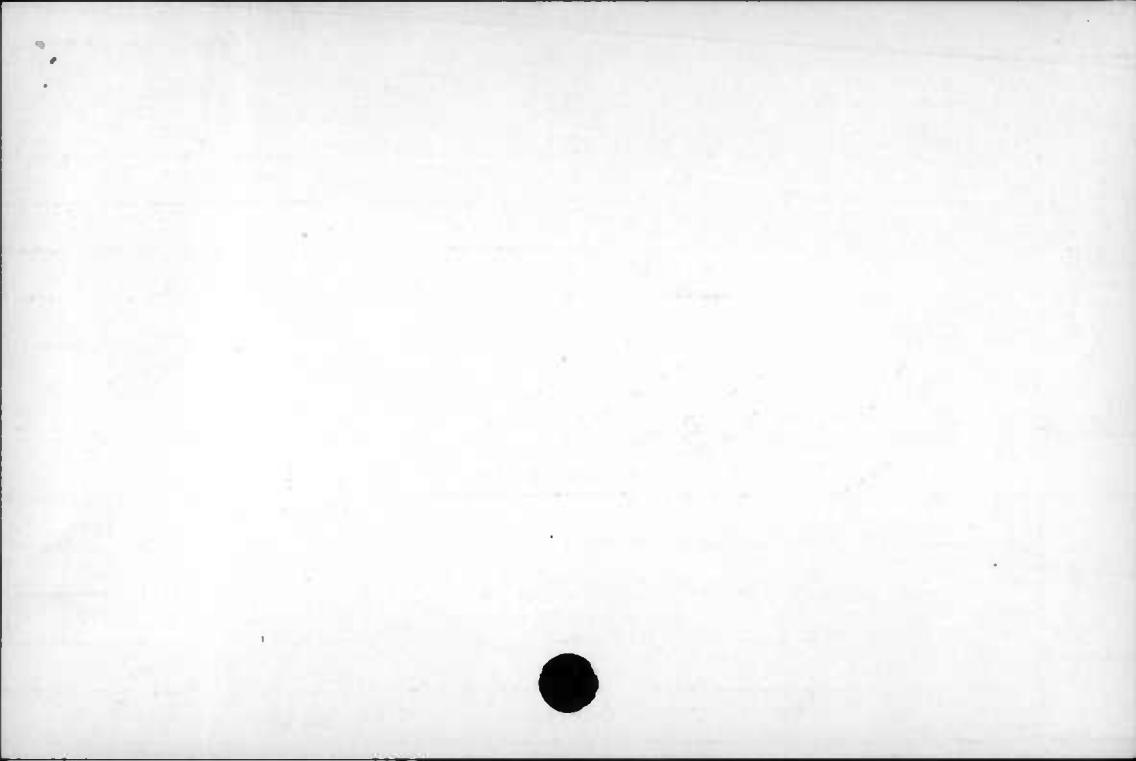
Died at		Town Blackwater		County Dorchester		MARYLAND	
Date of death		1908	Month July	Day 9	Age —	Years —	Months —
Sex Male		Color or Race Colored		Birth-place Maryland			
Occupation None				Where Residing if not at place of death Blackwater "			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name John Wilson				Father's Birthplace Maryland			
Mother's Maiden Name Almina Camper				Mother's Birthplace "			
Name of person giving information Stephen C. Camper				How related to deceased Uncle			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	marasmus	How long	A few days
Immediate	exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		No physician	
Accident or Suicide?		Address Lemert Bulwark Justice of the Peace	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

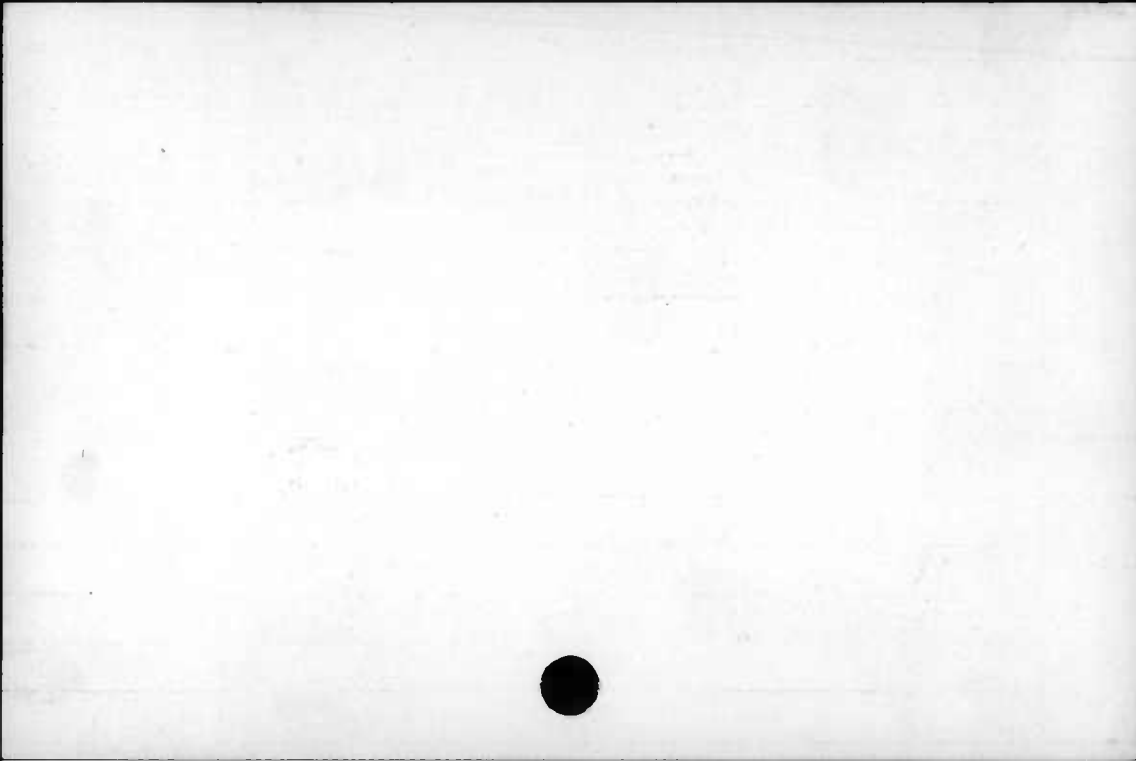
Name in Full <b>Daniel H. Wright-Jr.</b>		Town <b>Cambridge</b>		County <b>Dorchester</b>		State <b>MARYLAND</b>	
Died at <b>Cambridge</b>		Month <b>July</b>		Day <b>29</b>		Age <b>—</b> Years <b>—</b> Months <b>4</b> Days <b>—</b>	
Date of death <b>1908</b>		Month <b>July</b>		Day <b>29</b>		Age <b>—</b> Years <b>—</b> Months <b>4</b> Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth place <b>Maryland</b>			
Occupation <b>none</b>		Where Residing if not at place of death <b>Cambridge, Md</b>					
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Daniel H. Wright</b>		Father's Birthplace <b>Maryland</b>					
Mother's Maiden Name <b>G. Ruth Brimmer</b>		Mother's Birthplace <b>—</b>					
Name of person giving information <b>Daniel H. Wright</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

(179)

PHYSICIAN  
OR CORONER

Primary <b>Marasmus</b>		How long <b>Since birth</b>	
Immediate <b>Heart Failure</b>		How long <b>After hours</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Dr. C. L. Borroughs</b>	
Address <b>Cambridge, Md</b>			
Accident or Suicide? <b>—</b>			



Name  
in  
Full

Hubert W. Wright Jr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

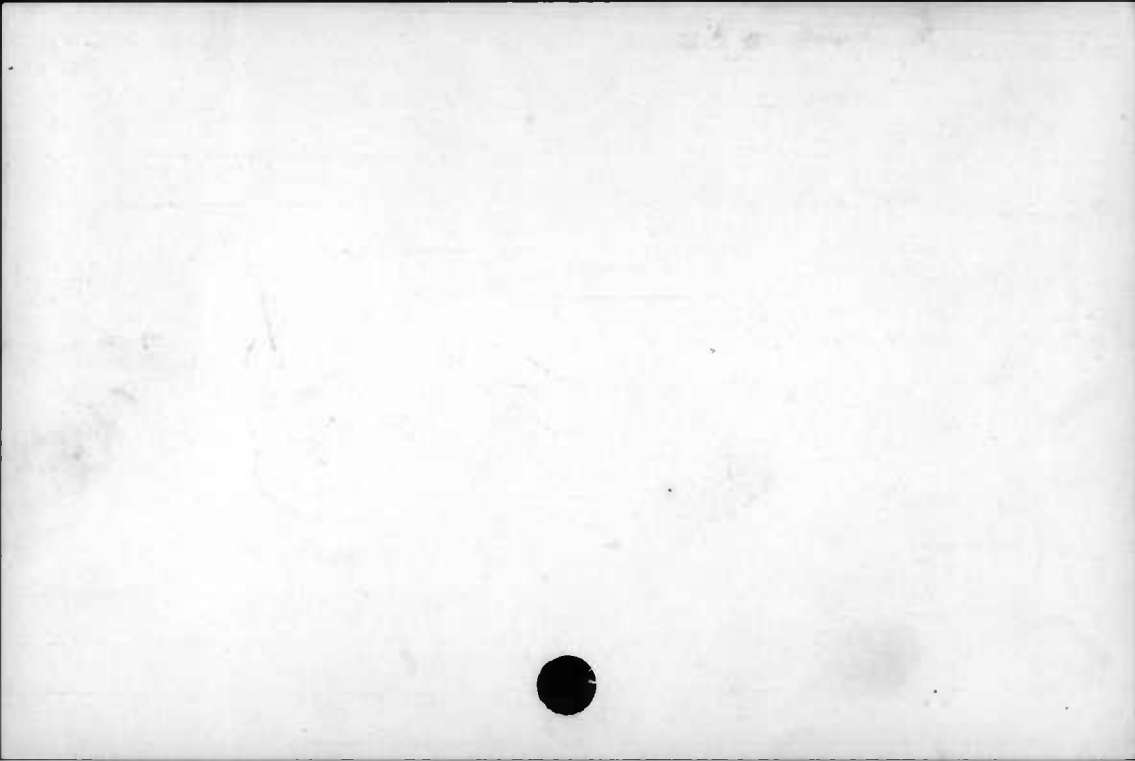
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1908	Month July	Day 18	Age —	Months —	Days 18
Sex Male		Color or Race White		Birth- place Maryland			
Occupation None				Where Residing if not at place of death Cambridge			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Hubert W. Wright				Father's Birthplace Maryland			
Mother's Maiden Name Lillian Whitmore				Mother's Birthplace Virginia			
Name of person giving In formation W. W. Wright				How related to deceased Father			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Enter - Polio's	How long	5 days -
Immediate	Coma	How long	Some hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. Goldberger	
		Address Cambridge, Mass.	
Accident or Suicide?			



Name

In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

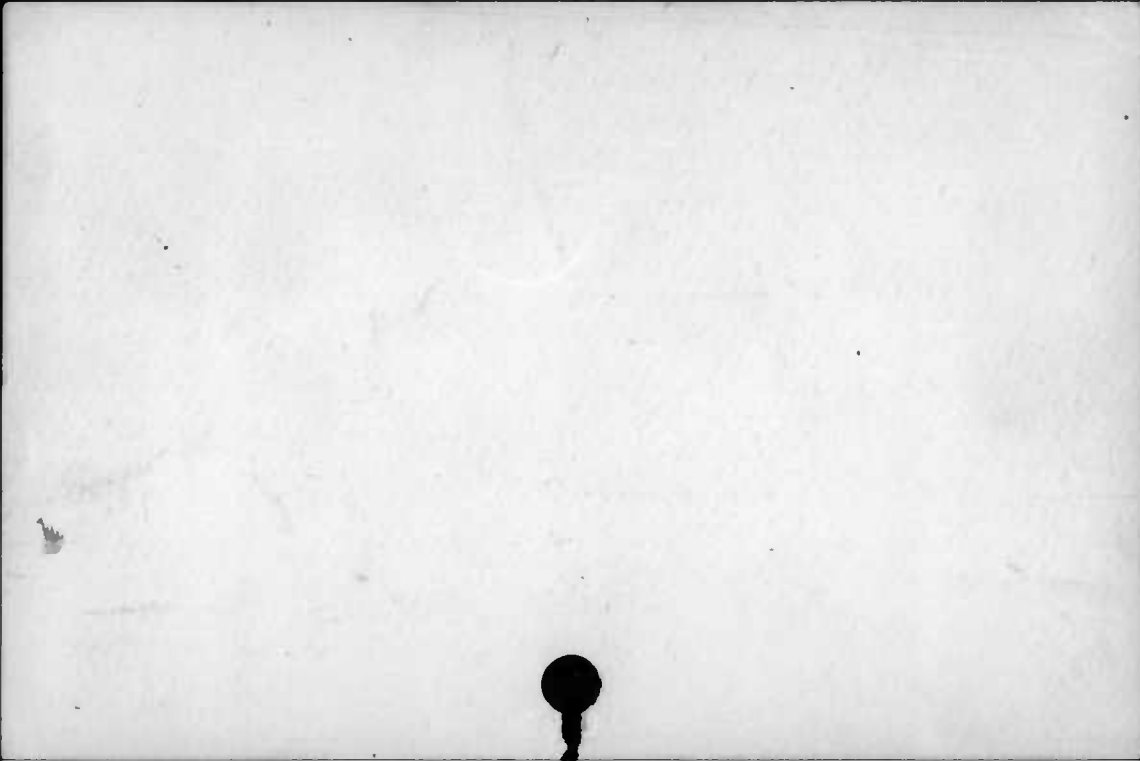
Died at <i>East New Market</i> <sup>Town</sup> <i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>7</i> <sup>Month</sup>	<i>18</i> <sup>Day</sup>	<i>82</i> <sup>Years</sup>
<i>5</i> <sup>Months</sup>	<i>5</i> <sup>Days</sup>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Dor. Co., Md.</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>East New Market.</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Elizabeth Wright.</i>		
Father's Name <i>Isaac Wright</i>	Father's Birthplace <i>Dor Co., Md.</i>		
Mother's Maiden Name <i>Anna Jackson</i>	Mother's Birthplace <i>Dor Co., Md.</i>		
Name of person giving information <i>Fred Wright</i>	How related to deceased <i>Son.</i>		

## CAUSES OF DEATH

120

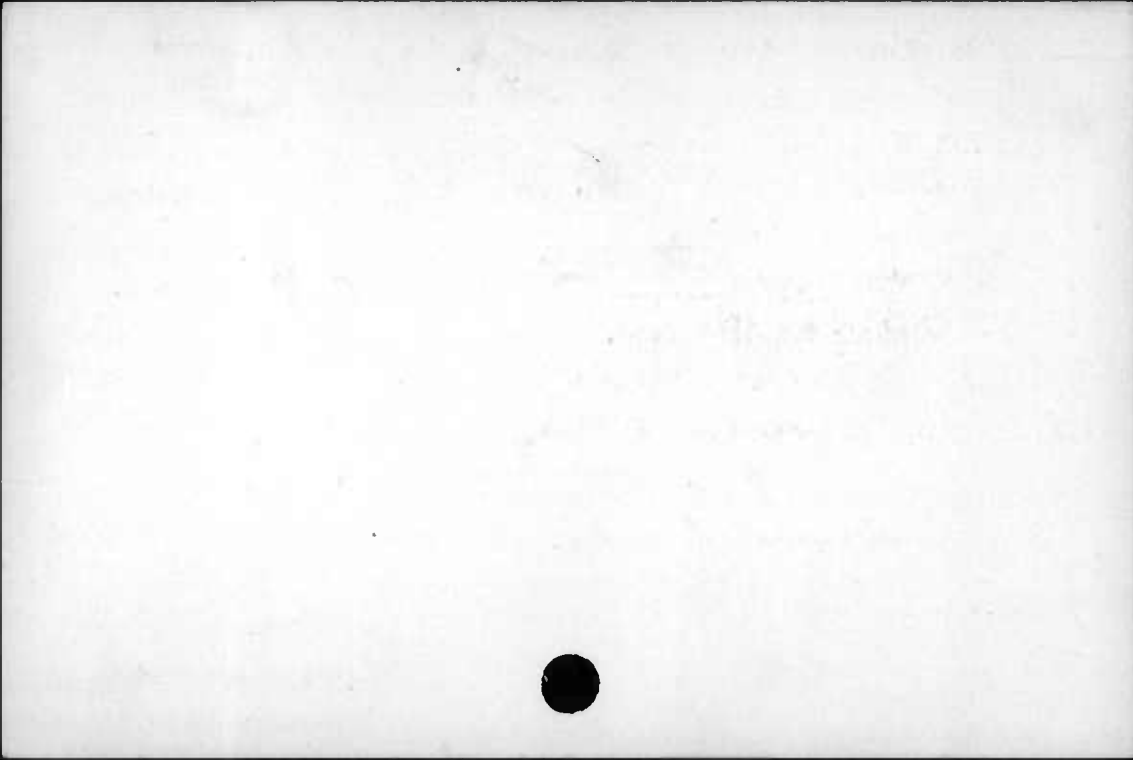
PHYSICIAN  
OR CORONER

Primary <i>Chronic interstitial nephritis</i>	How long <i>30 years</i>
<i>Mutual respiration &amp; cystitis</i>	
<i>Right Hemiplegia</i>	How long <i>8 days.</i>
Immediate <i>coma &amp; cardiac asthma</i>	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. V. Starbough M.D.</i>
	Address <i>East New Market</i>
	<i>Maryland.</i>
Accident or Suicide?	





Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Fishing Creek		Dorchester		MARYLAND				
	Date of death		1908	July	14	Age	2	Months	10	Days	29
	Sex		male		Color or Race		white		Birth-place		Dorchester
	Occupation		infant		Where Residing if not at place of death						
	Married, Single or Widowed				Name of Wife or Husband						
	Father's Name		Joseph Howard Wooten				Father's Birthplace		Dorchester		
PHYSICIAN OR CORONER	Mother's Maiden Name		Effie Craighton				Mother's Birthplace		Dorchester		
	Name of person giving information		Jos. H. Wooten				How related to deceased		Father		
	CAUSES OF DEATH						105				
	Primary		acute Gastro Enteritis				How long		4 days		
Immediate		Do not know				How long					
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		W. H. Wooten M.D.			
						Address		Fishing Creek, Md.			
Accident or Suicide?											



Name  
in  
Full

Isaac Young

## CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cannock</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>20</i>	Age <i>78</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Linkwood</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Amanda Young</i>					
Father's Name <i>Dont Know</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Dont Know</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>JAMES JACKSON</i>		How related to deceased <i>No</i>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	-
Immediate	<i>Linkwood</i>	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		<i>No physician</i> <i>Clement Sullivan</i> <i>Justice of the Peace</i>	

11/1

